MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

13182

	19106	CERTITICATE	OI DEATH		6 43 43 480
1.	PLACE OF DEATH			Where deceased lived, if institution	
	a. COUNTY ALLEGANY	MARYLAND	O. STATE MARY	LAND b. COUNT	ALLEGANY
-	b. CITY OR TOWN (If outside carparate limits,	c. LENGTH OF STAY IN 16		utside corparate limits, write RURA	
	write RURAL and give nearest town) CUMBER LAND	134 DAYS		BERLAND	01.1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, gr		d. STREET ADDRESS	ALINEAND_	e. IS RESIDENCE
	MEMODIAL MOCBITAL		225	DALTIMODE CT	ON A FARM?
3	MEMORIAL HOSPITAL NAME OF First	Middle	Lost 225	BALTIMORE ST	
1	DECEASED	A.4		OF	
5	(Type or print) SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	ABRAHAM B. DATE OF BIRTH	DEATH OCTOE	FUNDER I YEAR IF UNDER 24 HRS.
1	AND ONE D		7-14-8-	rst birthday)	Months Days Hours Min.
10		ND OF BUSINESS OR	- 01	80° Yrs.	12. CITIZEN OF WHAT
du	ring most of working life, even if retired) IND	DUSTRY	II. BIKIHPLACE (County	& State, or foreign country)	COUNTRY?
13	ead Nurse - County Infirma	ry Uniontown,	PAMOUNT SA 14. MOTHER'S MAIDEN		LU.S.A.
	WILLIAM HARDEN	645	LAURA S	HAFFER	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. II	NFORMANT	Addres	5
(A	es, no, or unknown) (If yes give war at dates of service)	2-16-5083 ME	MORIAL HO	SPITAL, CUME	BERLAND, MD.
-	18. CAUSE OF DEATH (Enter only one couse per line for (INTERVAL BETWEEN
	1 PART I DEATH WAS CAUSED BY-	x @ inom	= topis	4	ONSET AND DEATH
	153.3 DUE TO				
	Conditions, if any, which gave) (b) (a)	neinoma	1-lho	2 cecum	24 MA
	rise to immediate cause (a), Stoting the underlying cause DUF TO				
	lost.	Lospe			
4	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
CERTIFICATION	antenia anda	the part	0 1	610.0-1D	PERFORMED? YES NO DE
SE	200. ACCIDENT WAS UNDERLYING [] 20b. DES	CRIBE HOW INJURY OCCURRED.	Enter nature of injury in	Port I or Port II of item 18)	(X8 (KX10 100 LT 110 AT)
	OR CONTRIBUTING CAUSE OF DEATH	ende from market occounces.	cine nation of injury in	Ton Tar and Tar Harris	
3	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor 20d. IN.	JURY OCCURRED 20e. PLAC	E OF INJURY (Hame, farm	n, 20f. (City or town)	(County) (State)
MEDICAL	Hour a.m. While	Nat While factor	ary, street, affice bldg., etc.		(400117)
	britts di Mork		F1 h 7/ 1	1966 10 Oct 1	10//1 11 1/11/11
	21. I certify that (I) (this haspital) attend saw the deceased alive an	19 , and that	death accurred a		, 196, that (1) (we) las nd on the date stated above
	22a. SIGNATURE				22b. DATE SIGNED
	Srme	M.D	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	Oct 3, 1961
	22c. PHYSICIAN'S		22d. ADDRESS		
	NAME (Type) DR. DONALD B	GROVE	CUMBERI	AND, MD.	
23	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY .	23d. LOCATION (City or Tow	n) (County) (Stote)
	REMOVAL (Specify) Burial 10/4/1967	Mt. Mariah Be	ntist Ceme	terv Smithfie	eld. Penna.
2	1. FUNERAL PIRECTOR	ADDRESS		D BY REGISTRAR 2Sb. REG	ISTRAR'S SIGNATURE
	Iden T Hoser Jr. 1230	Walto Ave. Cur	mbarlandGI	5 1967 gel	ionly Judge
-	- Vonn Hamer Jr. 1 230	THE TO HAVE VIII	HILL TANK		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and commetcing filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove capon papers. Pages 7 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer equit Page 4 may be retained by the hospitol or offending physicion.

24.25

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13183

e. IS RESIDENCE ON A FARM?

Year

IF UNDER 24 HRS

19

Haurs

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

ond in my opinion

NO

(State)

NO T

legany

Days

12. CITIZEN OF WHAT

USA?

(County)

256 PHYSTRAR'S SIGNATURE

Months

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

FOR STATES	131
HEALTH DEPT.	1. PLACE OF DEA
and 3 to no PM3. Page	b. CITY OR TOT Write RURA Cumb
	d. NAME OF HO
Poges with for	3. NAME OF

in Item 18. Give

pencil

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"pending"

certificate should writing the ward

please execute the certificate.

JICAL EXAMINER:

4 should

the funeral director. Page

be forwarded to the Chief Medical Examiner's Office alang

Allegany Maryland WN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) l and give nearest town)
erland Lonaconing DSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS Heart Hospital Jackson Street 4. DATE Middle Manth Gilbert 9/1967 pages land 2 with th (Type or print) Beeman DEATH AGE (In years S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) burial-transit permit. File pages 1 and 2 w n any event within 72 hours after death. White WIDOWED DIVORCED 5/31/1904 Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) during mast of working life, even if retired) Lonaconing, Md.

14. MOTHER'S MAIDEN NAME Celanese Employee 13. FATHER'S NAME Robert Beeman Janet Beeman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, pq. ar unknown) (If yes give war ar dates of service 17. INFORMANT Robert Beeman. Lonaconing, 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: SON CORONARY OCCLUSION IMMEDIATE CAUSE (a) Canditions, if any, which gave CORONARY SCLEROSIS rise to immediate couse (a). 2 DUE TO stoting the underlying cause O. and and 3 shauld be used remayal, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) PRIMARY Or CONTRIBUTING 5 CAUSE OF DEATH. burial, crematian, MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or tawn) Hour a.m. factory, street, affice bldg., etc.) Nat While FUNERAL DIRECTOR: Page at wark at wark 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X. Inquiry X deoth resulted from: Natural couses X Suicide Accident Homicide Undetermined monner be retained CHIEF MEDICAL EXAMINER Health prior to 10/19/19672. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MFDICAL EXAMINER **EXAMINER'S** NAME (Type) BENEDICT SKITARELIC, M.D. Address (Street, city, town, or county) MBERLAND . MARYLAND 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) 50 10/22/1967 Oak Hill Cemetery Lonaconing,

Lonaconing. Md.

VR A15ME (3) 6M 1/67

24. FUNERAL DIRECTOR

GEORGE EICHHORN

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MARYLAND STATE DEPARTMENT OF HEALTH

	Division of STATIS	TICAL RESE	ARCH AND RECO)RDS, 301	W. PRESTOR	N STREET,	, BALTIN	NORE, MARY	LAND 2	1201		
1318	SZ		CERTI	FICATE	OF DEA	TH				13	184	
1. PLACE OF DE o. (OUNTY	Allegan	y	MA	RYLAND	AT 1 TH	ence (Whe Jary)		d lived, if institu b. COL	MITTAL	ence befor		on)
b, CITY OR TO write RUR	OWN (If outside corporate limit AL and give negrest town) MOOPLAND	s,	9/15/19			N (If outsid		e limits, write RU 1 d	JRAL ond g	ive neores	st town)	21-1
	egany Count		give street oddress) irmary		d. STREET ADDR		son	Street	t		e. IS RESI ON A F YES	
3. NAME OF DECEASED (Type or print	i) Leo	n n	Middle H •		lost j amin		DATE OF DEATH	Octobe	er 1		19	67
s. sex Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARR		12/18/1	1882		AGE (In years last birthday) 84 yrs.	Months	Doys	Hours	R 24 HRS. Min.
during most of w	PATION (Give kind of work done orking life, even if retired) ed. Manager	11	IND OF BUSINESS OR NDUSTRY hletic Cl	ub	Caze:			York	12.	OUNEY?	A.	
13.ºFATHER'S NA	AME Trank Benja	min			14. MOTHER'S A			rown0			-	
	ED EVER IN U.S. ARMED FORCES? hown) (If yes give wor or dotes	of service) 16.	social security no. 8-03-2766		vermanP.(
IB. CAUSE	OF DEATH (Enter only one coul. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	se per line for		onl	ulds	for	rela	ar.			ERVAL BE	
	of ony, which gove)		gher	aly	20	inte	~	claros		4	12	
	underlying couse	(c) (-0	7						0		
PART II. OT	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)									WAS AUT PERFORM ES	OPSY NED?	
OR CONTRIB	NT WAS UNDERLYING BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	205. D	ESCRIBE HOW INJURY	OCCURRED. (Enter noture of i	njury in Port	l or Port	ll of item 1B.)				
	OF INJURY Month, Doy, Yeor our o.m. p.m. 19	20d. I While			E OF INJURY (Ho ory, street, office b		20f.	(City or town)	(0	ounty)		(Stote)

I certify that (I) (this haspital) attended the deceased from 9/15/6 the deceased alive an 10/10/67 19 and that death accur 10/11/6/19 fram causes and an the date stated above. and that death accurred 22b. DATE SIGNED 10/11/1967 SIGNATURE STAFF PHYS. 1,9

ATTENDING PHYS. M.D. 22d. ADDRESS PHYSICIAN'S NAME (Type) George

Simons. Memorial Hospital. Cumberland. Md.

230. BURIAL, CREMATION,	Z3b. DAIL	IMEREUF	REOF ZSC. NAME OF CEMETERY OR CREMATORY		1		23d. LOCATION (City or fown)			(Lounty)	[51	OTE
REMOVAL (Specify) Burial	Oct.	14,1967	St.	PeterLutheran	Cen	1.		ttsbur		Allegh	ens	P.
24. FUNERAL DIRECTOR			AD	DDRESS	25	o. REC'D E	Y REGISTRAF	25b.	REGISTRA	R'S SIGNATUR	70	- 100
Byron Kie	rht	Cumber	l and	Ma	D	ATE OC	111	1967	year	iarles	young	E.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletery filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave cacban papers. Pages 1 and Within 72 haurs a director, page 3 shauld be detached far use as the burial-transit permit. Then please remave care should be filed with the State Dept. af Health prior to burial, crematian, ar remaval, and in any event,

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13183 FOR STATE HEALTH DEP

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13185

DEPT		I. PLACE OF DEATI				USUAL RESIDENCE	(Where deceased lived, if institution: Resid	
nent af death.			Allegany	MARYI	AND	W.	Va. M	lineral
dec		b. CITY OR TOWN	(If outside corporate limits,	c. LENGTH OF STAY IN	Th c.	CITY OR TOWN (If o	utside corporate limits, write RURAL and c	give nearest town)
ortn			ricand give nearest town)			Ridgele	y.	753
000	15		PITAL OR INSTITUTION (If not in	hospital, give street address)	d.	STREET ADDRESS		e. IS RESIDENCE ON A FARM?
pages land with the Stare De ortment in any event within 72 hours after deat	00	Memor	ial Hospital			4 Carpe	nters Ave.	YES NO V
252		3. NAME OF DECEASED	First	Middle		Last	4. DATE Month	Doy Year
the		(Type or print)	Arthw	- V	1	Brant	DEATH UCCODEL	28, 19 67
with		S. SEX		MARRIED NEVER MARRIED	MICT	ATE OF BIRTH	last hirthday) Months	ER 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
day		Male		WIDOWED DIVORCED		y 16, 190		
lan		during mast of worki	ON (Give kind of work done ng life, even if retired)	Kelly Tire Co	3			COUNTRY?
les			ef Clerk	Kelly Tire to		Ridgeley,		1,5,A,
pag	331	13. FATHER'S NAME	C Dhant		14,	MOTHER'S MAIDEN	Name I. Moats	
File			S. Brant	Liv codes crowning the	132 111501			
年 月		(Yes, no, or unknow)	VER IN U.S. ARMED FORCES? i) (If yes give war or dates of se	16. SOCIAL SECURITY NO.	17, INFO	MANI D	Iser 4 Carpenters	lidgeley, W.Va.
ВГП		NO,		214-07-0163	Mrs.	ransy t.	iser 4 carpenters	
a burial-transit permit. rematian, ar removal,		IB. CAUSE OF	DEATH (Enter only one couse p EATH WAS CAUSED BY:		-			INTERVAL BETWEEN ONSET AND DEATH HOURS
rams		F410	IMMEDIATE CAUSE (o)	Shock;	EX	nguinat	lon	Hours
ign-		9 4 4 4	DUE TO	Rleadi	ne Du	odenal	IIlaan	18
bur			ote cause (o), DUE TO	Dioodi	118 24	COGONAL	01091	
		stoting the un	derlying couse (c)					
used as burial,			17,	RIBUTING TO DEATH BUT NOT RELA	TED TO THE T	CO REASE OF THE PROPERTY OF TH	NDITION GIVEN IN PART I(a)	19. WAS AUTOPSY
	1	TION		The state of the s	120 10 1112 1		nerven evi in trans app	19. WAS AUTOPSY PERFORMED? YES X NO
be r ta	,	200. EXTERNAL PRIMARY OF DEATH	CAUSE WAS	20b. DESCRIBE HOW INJURY OC	CURRED. (Ente	r nature of injury in	Port 1 or Port II of item 18.1	713 (6) 110
may be retained for your files. FUNERAL DIRECTOR: Page 3 shauld softh or its designated agent, prior			CONTRIBUTING 1.		(4			
files 3 sh nt,		호 20c. TIME OF I	NJURY Month, Doy, Year	20d INJURY OCCURRED		INJURY (Home, for		County) (Stote)
ge		Hour Hour	o.m. p.m. 19	While Not While of work	factory, s	treet, office bldg., etc)	
ained far your particular in the state of th			P. LIVE	f the remains described abo	nve held o	n Autonsy XT	Inspection X. Inquiry X	, and in my apinian
TOR Inat				auses Accident .	Suicide			
REC esign				1 001	,	CHIEF MEDICAL		
L DII		SIGNATURE	Donodiet	Abstarol	M.C. W.	A sharped a safe as as	DICAL EXAMINER	22, DATE SIGNED
RAL ar	7	EXAMINER'S	BENEDIC TO O	TEN DET TE		DEPUTY MEDIC	AL EXAMINER XX October	28. 1967
may be FUNERA ealth ar	1	NAME (Type)	BENEDICT SI	KITARELIC, M.	D.	Address (Stree	at, city, fown, or county cumber]	and, Md
5 m O FL		230. BURIAL, CREMA				IATORY	23d. LOCATION (City or Town)	(County) (State)
2		BULLAL	1,1,101	Hillcres	t Buri	al Park		Legany, Md
R AISME (5)	1	24. FUNERAL DIREC		ADDRESS		2So. REG	P BY REGISTRAR 198 7256. RECISIRAR	BISHABUR
6M 1/66	W.	H. Way	ne George Cumb	perland, Md.		DATE		

VR A15ME 6M 1/66

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director, Page 4 should be farwarded to the Chief Medical Examiner's Office along with fact. Page

This certificate should be executed within 24 haurs after death. If

CAL EXAMINER:

TO DEPUTY ME

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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D. COUNTY		o. STATE		stitution: Residence before admiss COUNTY
b. CITY OR TOWN (If outside co	ney	MARYLAND	Maryland (If outside corporate limits, write	Allegany
b. CITY OR TOWN (If outside co write RURAL and give neare	parate limits, c. LENGTH 0	F STAY IN 16 C, CITY OR TOWN	(If ourside corporate limits, writ	e RURAL and give nearest town)
Cumberlen	d Tafe	(ess) d. STREET ADDRI	land	I e. IS RES
d. NAME OF HOSPITAL OR INSTI	UTION (If not in hospital, give street addr			ON A
Memorial Hos			Elm Street	YES _
3. NAME OF DECEASED	1000	ddle Lost	4. DATE OF	Month Doy Y
(Type or print) Ca		Burns MARRIED 8. DATE OF BIRTH	9. AGE (In year	ors I IF UNDER LYEAR LIF UND
			lost birthdo	(y) Months Doys Hours
Male Whit		S OP II RIPTHPLACE	1887 80 (Stote or foreign country)	YES. 12. CITIZEN OF WHAT
during most of working life, even if r	etired) INDUSTRY			COUNTRY?
Retired Boilern	aker B&OR	R. Cumbe	AIDEN NAME	U.S.A.
IS. WAS DECEASED EVER IN U.S. ART	MED FORCES? 16. SOCIAL SECURIT	Y NO. 17. INFORMANT	aver	Address
(Yes, no, or unknown) (If yes give	vor or dotes of service)	Memorial H	Cum	berland Md.
	only one couse per line for (o), (b), and (OP DA GOLD	INTERVAL BI
PART I. DEATH WAS CAU		cute Cardiac Fai	lure	Hours
5271	DUE TO			
Conditions, if ony, which governse to immediate couse (o)		hronic Myocardit	is; Cor Pulmona	ale
stoting the underlying cous	> DUE TO			
lost.	17	mphysema, Bronch		
PART II. OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART I	PERFOR
TO THE PARTY OF TH	1	HIDV OCCUPANT OF		YES T
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING	ZVD. DESCRIBE HOW IT	NJURY OCCURRED. (Enter noture of in	jury in Port I or Port II of Item I	0.)
200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Hour o.m.	Dov. Year 20d, INJURY OCCURR	ED 20e PLACE OF INJURY (Hom	ne. form. 20f. (City or tow	vn) (County)
Hour a.m.	While Not Whi			(1001)//
p.m.	ook chorge of the remains descri		Inspection XX,	Inquiry K, ond in my
	Notural couses X . Accide		micide Undetermine	
deoill leaoiled from.	Motoro cooses in Accide		MEDICAL EXAMINER	d monnes
ACTUAL SIGNATURE	dict Skitar	alie M.D. ASSISTA	NT MEDICAL EXAMINER	22. DAT
		DEPUTY	MEDICAL EXAMINER TO OC	tober 14, 1967
NAME (Type) BENE	DICT SKITARELIC, M		(Street, city, town, or count	mberland, Maryl
		OF CEMETERY OR CREMATORY	23d. LOCATION (City	
	oct.17, 1967 Green			land Md.
24. EUNERAL DIRECTOR	ADDR		o. REC'D BY REGISTRAR 25	D. REGISTRAR S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 351 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		DIVISION	OF THAL K	ECORDS, SUL W. PRES	ION SIKEEI,	DALITHIC	rke, make	LAND ZIZUI				
	1318	35		CERTIFICA	TE OF DE	ATH			1	31	187	
	1. PLACE OF DEATI	1				ESIDENCE (V	Vhere deceosed	l tived, if instituti		befor	e odmissio	an)
Н	o. COUNTY	LLEGANY		MARYLAND	o STATE	ALLE	SANY	P. CON	(IY //-) *M	ARY	FLAND)
	b, CITY OR TOWN	(If outside carparate limi	its,	c. LENGTH OF STAY IN 16	c CITY OR T			emets, write RUR		4. 4. 4 1		
	CUMBERL	and give negrest tawn)		2 DAYS				. 21542	44			
	d. NAME OF HOS	PITAL OR INSTITUTION (IF I	not in hospital.		d STREET A		110 , 110	171-		1	e IS RESIL	DENCE
jk		HEART HOSPI				P. 0.	BOX #	[‡] 27			ON A F.	
	3 NAME OF	(irst	Middle	Lost		4 DATE	Mant	h	Day	Ye	ar
	(Type or print)	LOR	ETTA	L.	BURNS		OF DEATH	OC T.		19	19	67
	S. SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	B DATE OF BI	RTH		AGE (n years	IF UNDER 1			
	FEMALE	WHITE	WIDOWED	DIVORCED	03-31-9	96	1 7	lost birthday) yrs	Manths I	Days	Haurs	Min
	100 USUAL OCCUPAT	ON (Give kind of work dans		IND OF BUSINESS OR	11 BIRTHPL	ACE (County	& State, or fore	gn country)	12 CITIZ	ZEN OF	WHAT	
	during most of works	ng life, even if retired) WIFE	IN IN	IDUSTRY	ALLI	EGANY	CTY.,	MD.	COU	MIRY	s. A.	
	13. FATHER'S NAME				14. MOTHER							
	PATRIC	K MONAHAN			GF	REEN						
	15 WAS DECEASED	VER IN U.S. ARMED FORCES	? 16	SOCIAL SECURITY NO 1	INFORMANT	•		Addre	22			
	NO	a) (If yes give war ar dates		H	OSP. REG	CORD						
	1B. CAUSE OF	DEATH (Enter only one co	use per line for	NO-CA, ABDOMI					T		ERVAL BET	
	PART D	EATH WAS CAUSED BY IMMEDIATE CAUSE	ADE	NO-CA, ABDOMI	NAL, OR	IG I NA	LSITE	UNKNOWN		5 ON	APP D)£ATH
	1		E TO									
		ny, which gove	(b)									
	nse to immed	iate cause (a), DU	E TO									
	last.)	(c)									
	PART II OTHER			TO DEATH BUT NOT RELATED T	O THE TERMINAL	DISEASE CON	IDITION GIVEN	IN PART I(o)		19	WAS AUTO	
	20° ACC DENT V	PIA	BETES M	ELLITUS						y	PERFORM ES 🔀	NO [
	20a ACC DENT V	VAS UNDERLYING		SCRIBE HOW INJURY OCCURR	D (Enter noture o	if injury in	Port I or Port 1	ll of item 18)		-		
		NG CAUSE OF DEATH FY MEDICAL EXAMINER)										
	2Dr. TIME OF I	NJURY Month, Doy, Year			PLACE OF INJURY			(City or town)	(Coun	ity)	((Stote)
	Hour Hour	o m. p.m. 19	While	Not While of wark	lactory, street, offic	e bldg., etc.)						
				ded the deceased from	6-2-56)]	9 to	10-19-6	7 . 19	. 11	at (1) (we) la
	saw the	deceased alive an_	104194	ded the deceased from	hat death ac	Pred at	M,	fram causes				
Ì	22a SIGNATUI	RE 010			A T Tr NID INI	2 3/	ANED	C7AFC	22b DAT	E SIGN	ED	
		" R. G. S.	ee		M.D PHYS		MED DIRECTOR [STAFF PHYS]			
	22c. PHYSICIAL	N'S D M DO	LEIN M	D	22d AD	DRESS	СТ	CHAPERI	AND M	(D	2150	72
1	NAME (Ty	pe) R. W. BA	CLIN, N	. V.	02 (INCEN	31.,	CUMBERL	אווט, ויי	υ .	2170	16
	230 BJRIAL, CREMA		HEREOF	23c NAME OF CEMETERY	OR CREMATORY		23d LOC	ATION (City or To	wn) ((aunty) (5	State)
	REMOVAL (Spec	1 10/7	23/196		els Ce	mete	ry F	rostbu	cg, Me	d.		
	24. FUNERAL DIREC		ME 1	ADDRESS ON LNC ME			BY REGISTRA		GISTRAR'S SIG			
	ETCHORN	FUNERAL HO	MC L	ONACONING, MD	•	DARCT	2 3 19	167 00	lesselfer	, Ca	MAR	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

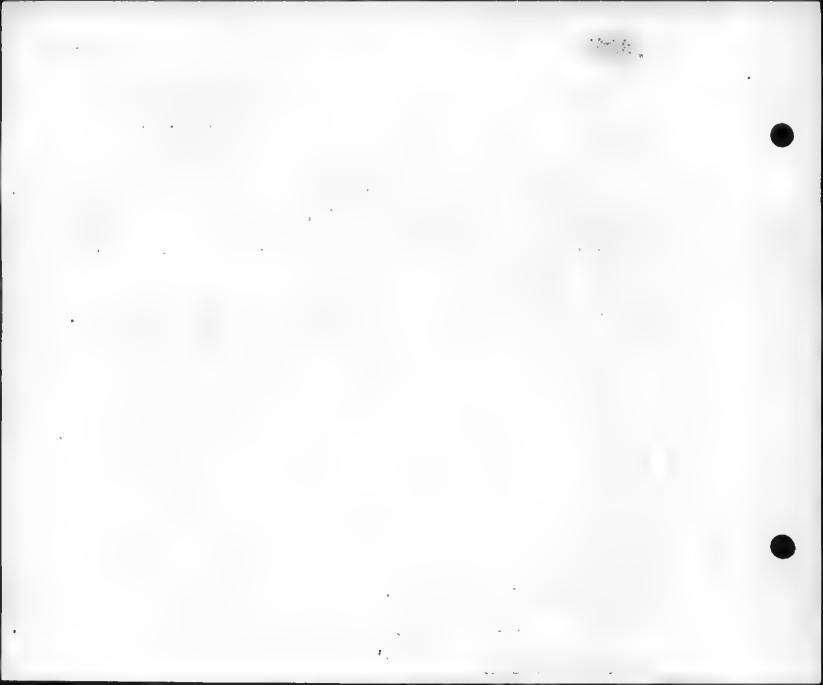
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye careful pagers. Pages I and shauld be filed with the State Dept of Health prior to burial, cremation, ar remayal, and in any event with 172 haurs affected.

* ----71

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13186 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 13188 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY deloy is and 3 to M3. Page Maryland

c CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest fown) MARYLAND b CITY OR TOWN (If ourside corporate limits, & LENGTH OF STAY IN 16 write RURA, and give nearest tawn) (Eckhart)R.F.D. 2 BOX 40 Eckhart lifetime IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) the certificate, writing the ward "pending" in pencil in Item 18. Give Poges 1, 3 4 should be forworded to the Chief Medical Examiner's Office along with farm in Item 18. Give Poges 1, ON A FARM? YES NO 4 DATE 3. NAME OF LOST DECEASED (Type or print) DEATH 10 Anthony Wayne Champ 9 AGE (In years 5. Wale 6 COLOR OR RACE 7 MARRIED NEVER MARRIED (X) 8 DATE OF BIRTH lost birthday) Days Hours AUG. 18, 1967 DIVORCED | 1 12 12 CITIZEN OF WHAT White WIDOWED 11 BIRTHPLACE (State or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of warking ite, even 'f retired) Cumber Land Md 13 FATHER'S NAME burial-transit permit. File in any event within 72 had Catherine McGuire William Lee Champ IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, na, grunknown) (If yes give war or dates at service) NONE William Lee Champ Eckhart INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c).) ONSET AND DEATH / CUTE PULMONARY EDEMA, CARDIAC FAILURE PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) LORTIC ENDOTHELIAL FIBROEL STOSIS CHIGHNITTAL Conditions if any, which gave) rise to immediate cause (a), DUE TO 0 stating the underlying couse ond 19 WAS AUTOPSY PERFORMED? 3 should be used prior to buriol, cremation, or removol, PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBLE NG TO DEATH BLE NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIF CATION YES K please execute the certificate. NO 200 EXTERNAL CALSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH MED CAL 20c TME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home form, (City or town) Haur o.m. factory, street, office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Poge ot work at work funeral director. Page 21. I certify that I taok charge of the remains described above, held on Autopsy (XX) Inspection (XX) Inquiry (X), and in my opinion death resulted fram: Natural causes [7], Acc dent [7] Suic de , Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAM NER A OBYOBER **EXAMINER'S** O FUNER Heolth BENEDICT SKITARELIC. N.D. Address (Street, city, town, or county Dunbaltand, lary land NAME (Type) the 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE THEREOF 230 BURIAL CREMATION. Burial Methodist Ceme

MARYLAND STATE DEPARTMENT OF HEALTH



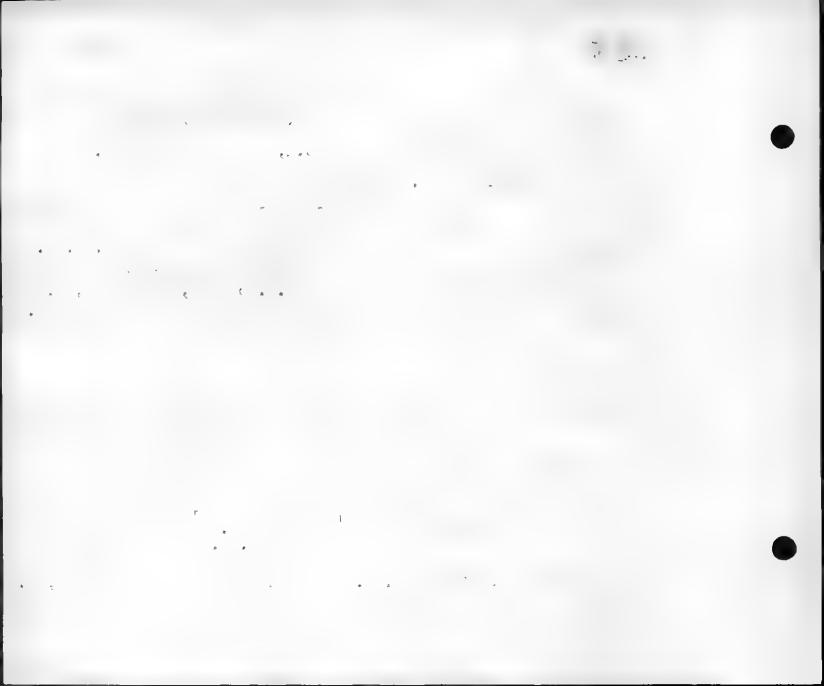
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH DIVISION OF VITAL RECORDS, Item #4 Film #G3

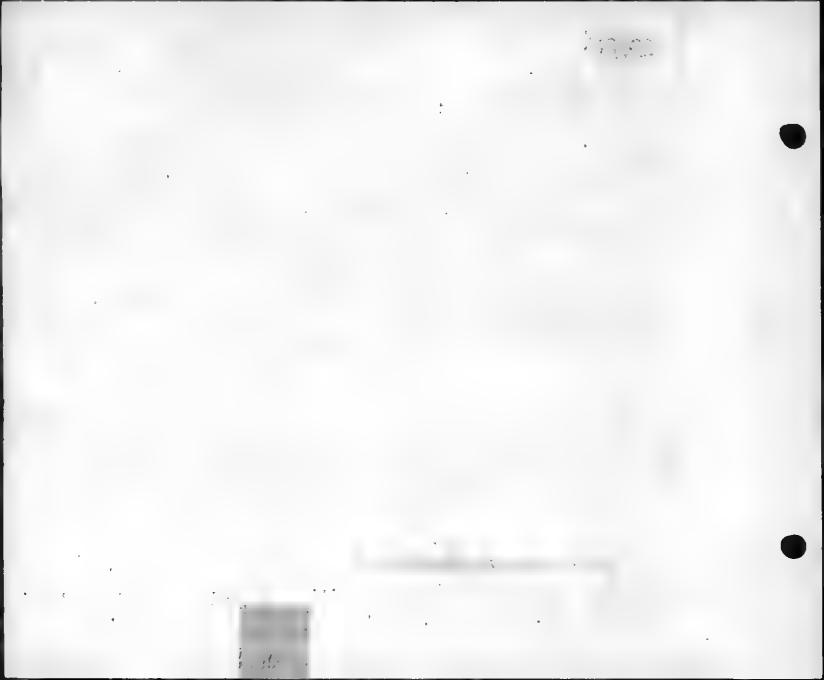
13189

3187 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample by filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave calban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 2 hours after dept Page 4 may be retained by the haspital ar attending physician. VR A15 25M 1/ underland 11/00, DATE ULI 10

	20 00						A 4.		
۲,	PLACE OF DEATH o. COUNTY	Allegany		MARYLAND	2 USUAL RESIDENCE (1 0. STATE Mary	Where deceased lived,	F COUNTY	sidence before	
	write RURAL one	lf outside corporate limits, d give nearest town) Der Land.	c. LENGTH OF S		c. CITY OR TOWN (If ou	utside corporote limits, porland)	, write RURAL and	4 "	town)
		any County I	,	s)	d. STREET ADDRESS Rt.1, Box	61 B,Ia	aVale,N		IS RESIDENCE ON A FARM? YES NO 🔀
3.	NAME OF DECEASED (Type or print)	Sophia Sophia	Middle M.	Chenc	with	4 DATE OF DEATH	Month Oct.	Doy 11	Year 1967
-	sex Female	0.00 0.1	ARRIED NEVER MA		DATE OF BIRTH 5/19/1881		n yeors IF UN intedoy) Mont	ths Doys	Hours Min
10c dur	ing most of working Housev	(Give kind of work done life, even if retired) V110	10b. KIND OF BUSINESS INDUSTRY	OR	11. BIRTHPLACE (County Marylar		ntry) #2	COUNTRY?	WHAT .
13.	. FATHER'S NAME	August Thus	S			stine Ph			
IS (Y	WAS DECEASED EVE es, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dates of service)	16. SOCIAL SECURITY		NFORMANT P.O.I.				
		e couse (o), (DUE TO	Practice Practice Practice Grant American Ame	in /	Je at order	alm	voi		RVAL BETWEEN SET AND DEATH
CERTIFICATION	PART II OTHER SI	GNIFICANT CONDITIONS CONTRIB	OUTING TO DEATH BUT NO				. ,		WAS ALTOPSY PERFORMED?
MED CAL CE	(IF EITHER, NOTIFY	MEDICAL EXAMINER) JRY Month, Doy, Yeor n.	20d. INJURY OCCURRED While Not While at work	20e PLAC	E OF INJURY (Home, formary, street, office bldg, etc.)	n, 20f. (Ci*y oi	r town)	((ounty)	(Stote)
	suw the de	fy that (I) (this haspital) eceased alive an 10/	attended the decea 11/67 19		death accurred at	P. M, from		in the date	
(220. SIGNATURE 22e. PHYSICIAN'S	ogeM. A	yron	M.D		MED. ST PH	AFF HVS 🗷 10)/12/:	1967
23/	NAME (Type)	George M.	Simons, M	CEMETERY OR C		Hospita			
É	REMOVAL (Specification of the control of the contro	10/14/6	7 Helle	red Bi	enal Ph.	Cum	under	(County)	12
1	Laves	Steen Inc	· Cunse	elad.	MR. DATE OF	CT 16 196	1- 0-1	ares	Judge.



_ 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	13188 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13190
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY Allegany MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY 1 began y
EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, to certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral hould be forwarded to the Chief Medical Examiner's Office along with form PMB. Page 5 may be lies. 38. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department signated agent, prior to burial, cremation, or removal, and in any event within 12-hours after positional and in any event within 12-hours after positional contents.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Long Control Lestornport
Page 5	Main St. 470 Spruce ON A FARM? YES □ No ☑
PMS and the street of the stre	3. NAME DF DECEASED (Type or print) David Nairn Middle Cook 4. DATE OF Month Day Year OF DEATH Oct. 21 19 67
ages 1, 2 ages 1, 2 o form P 12 with	5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 14 PER Hours Months Days Hours Min. Months Days Hours Min. M
ours after death 18. Give Page along with pages 1 and 2 in any event to	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR Maryland 11c. BIRTHPLACE (State or foreign country) Maryland 12c. CITIZEN OF WHAT COUNTRY?
44 hours : Item 18. Office alo	13. FATHER'S NAME Arch Cook Arch Cook Mary Wilson
s within 24 pencil in li miner's Off permit. Fil removal, a	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes unknown) (Yes termport, Md.) (Yes termport, Md.)
urted wit Examine Examine nsit perr	18. CAUSE OF DEATH LEnter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH Studden
uld be executed "pending" in f Medical Exan a burial-transit in	Conditions, if any, which gave rise to immediate cause (a) stating the DUE TO Conditions, if any, which by gave rise to immediate cause (a) stating the DUE TO
the word " the word " the word " the Chief I used as a b to burial, or	underlying cause last. (c)
tificate to the to the used or to bu	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
R: This certificate, writing forwarded to 3 should be agent, prior i	
NER: Ti ficate, be forw ge 3 sh ed agen	Hour a.m. While Not While p.m. 19 at work at work factory, street, office bldg., etc.)
AL EXAMINER the Certifica the Certifica should be should be rifies. CTOR: Page designated a	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection X, Inquiry X, and In my opinion death resulted from: Natural causes X, Accident, Suicide, Homicide, Undetermined manner
ts a so Est	ACTUAL SIGNATURE Developed Specific Developed Speci
€ 30 ° C = 1	EXAMINER'S Benedict Skitarelic, M.D. Address (Street, city, town, or county Cumberland, Md.
TO DEPUTY please edirector. retained TO FUNRA of Realth	23a. BURIAL CREMATION, 23b. DATE THEREOF Dute 1 (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 33d. LOCATION (City, town or county)
VR A15ME 3500 4-64	24. FUNERAL DIRECTOR Westernport, 14 DATE CT-2 1 1967 Cliands Judge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

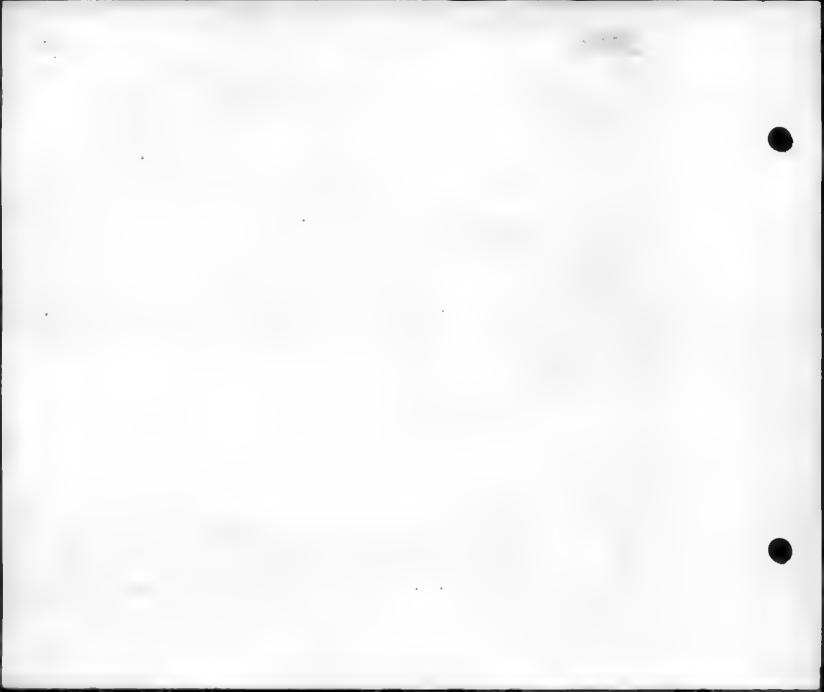
		13180		CERTIFICATE	OF DEATH		13131
- E - E		PLACE OF DEATH				Where deceosed lived, if institution Re	sidence before admission)
within 24 hours after ded ely Filled in by the funera ban papers. Pages I one within 72 hours after ded	1	o. COUNTY	EGANY	MARYLAND	o. STATE MARY	LAND b. COUNTY	ALLEGANY
ofte Jes ges afte		CITY OR TOWN (II	outside comparate fimits.	c LENGTH OF STAY IN 16		irside corporate limits, write RURAL and	
24 hours after the factor of t		write KUKAL and	give nearest tawn) IBERLAND MD	27 DAYS	CUME	BERLAND	11
holm holm ris.		. NAME OF HOSPITA	L OR INSTITUTION (If not in hi		d. STREET ADDRESS		e IS RES DENCE ON A FARM?
The state of the s		SAC	RED_HEART		726	S OLDTOWN RD.	YES NO X
executed within 2, and campletely Filled remare carban, within 7 any event, within 7		NAME OF		Middle	lost	4 DATE Month	Doy Year
		DECEASED Type or print)	MARGARET EL.	len ALESSANDRO	NAV	DEATH OCTOBER	28 19 67
mplet ve car event,	\$	SEX	6. COLOR OR RACE 7. M	ARRIED X NEVER MARRIED 8	. DATE OF BIRTH	9 AGE (In years IFUN igst birthdoy) Mont	IDER 1 YEAR IF JNDER 24 HRS
exected to the second of the s	F	EMALE	WILLIE L	DOWED DIVORCED	11-20-02	64 yrs	
and	10a	JSUAL OCCUPATION	(G've kind of work dane	10b. KIND OF BUSINESS OR INDUSTRY			2. CIT ZEN OF WHAT COUNTRY?
cian an	Gun	ng most of warking l HOUSEV	VIFE	Own Home		MARYLAND	2. CIT ZEN OF WHAT COUNTRY? U.S.A.
certificate be executed with physican and campletely hen please remave carban naval, and in any event, with		FATHER'S NAME			14. MOTHER'S MAIDEN		
th certific ling phys Then p remaval,		RAYMOND 1	ALLEY		BREEN	(Barbara)	
eath andin nit. ar re	15 (Ye	WAS DECEASED EVE s, no, or unknown)	R IN U.S ARMED FORCES? (If yes give wor or dates of servi	reil	NFORMANT	Address	
	Ľ	NO		Z14-U5-004/ RI	OSP. RECORD		T ANTENNAL PETALETA
that the d an. by the att transit per crematian,		IB. CAUSE OF DE Part I. Deat	ATH (Enter only one couse per H WAS CAUSED BY		4.		INTERVAL BETWEEN ONSET AND DEATH
physician. physician. signed by the burial-transit bur al, cremat		1 4	IMMEDIATE CAUSE (o)	Nordaleen	chema	540	10 7 7-7
sicio sicio ed l al-tr		Canditians, if any,	DUE TO	O			0
phy phy sign buri		rise to immediate	e couse (o),				
2, 5, 0		stoting the under	lying conze				
trendir trendir as bee as th priar 1				BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
E p 电 6 4	NO L		70.	notorcio	4	•	YES NO 7
IAN: The of or of	CERTIFICAT ON	200. ACCIDENT WAS	UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED.		Port Lor Part II of Item 18.)	1 9 9
日本世界		OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)				
PHYS e has his ce stache Dept.	MEDICAL		RY Month, Day, Year	20d INJURY OCCURRED 20e PLAC	E OF INJURY (Home, for		(County) (Stote)
G P the deld deld to D	層	Hour a.n	1.6	While Not While of work of work	ory, street, office bldg , etc.		
DIN Afte be Sto		21. I certif	y that (1) (this haspital)	attended the deceased fram	10	1966, to 10/28,	19_67, that (i) (we) lost
OR:	ı		eceased alive an	0/28 1967, and that	death accurred at		
A # D # #		220. SIGNATURE		{/	ATTENDING -	MED. STAFF	b. DATE SIGNED
OR DIRE		(Ca)	02 pm	M.D	PHYS. 22d. ADDRESS	DIRECTOR LI PHYS LI	0-28-67
may be may be RAL DIRI		22c. PHYSICIAN'S NAME (Type)	WAYNE C. SE	IGGLE M.D.		MALLWOOD ST. CUME	EDIAND MO
TO HOSPITAL Page 4 may k TO FUNERAL D director, pag shauld be file	22	DUDIAL COCIAATIO				23d LOCATION (City or Town)	(County) (Stote)
HG age	230	BURIAL, CREMATIC	Oct.31.1			ery Cumberland	
5 5 5	L	, FUNERAL DIRECTO	7	ADDRESS	250. REC	D BY REGISTRAR 2Sb. REGISTRA	AR S SIGNATURE
VR A15 (4)			FUNERAL HOME		. DATE N	D BY REGISTRAR 1967 PER STEP	carles Justine

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CERTIFICATE OF DEATH

13192

	N-	
=	E B E	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission)
24 haurs after death	funeral for death	o. COUNTY ALLEGANY MARYLAND 6 COUNTY ALLEGANY
± e	affe affe	b. CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 C CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)
5	Pages ous afte	write RURAL and give nearest tawn) FROSTBURG 1 DAY FROSTBURG
g g	-C -C	A MAME OF HOSPITAL OR INSTITUTION (If not in hospital gave streat address) 4 STREET ADDRESS e. IS RESIDENCE
Z /	- 50	ON A FARM?
	₹ 8/5	MINERS HOSPITAL 23 WASHINGTON ST. YES NO X
夏	orbon populati, within 7	3 NAME OF First Middle Lost 4 DATE Month Day Year DECEASED LITTOLE OF OUTCOMED 10 677
2	carbon ent, wil	(Type or pant) DONATOE DEATH OCCUBER 19, 19 07
ute	camplete lave cak y event,	5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years last birthday) Manths Days Haurs Min
Xec	n y n	MAIE WHITE WIDOWED DIVORCED SEPT. 19, 1890 77 yrs
9	icion and co lease rema and in any	10b USUAL OCCUPATION (Give kind of work done Interpretation) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (Country & State or foreign country) 12 CIT ZEN OF WHAT COUNTRY?
و م	ician lease and i	during most of working life, even if refused) RETIRED TAVERN KEEPER OWN BUSINESS MARYLAND U.S.A.
001	ple ple	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
E	physician ien please aval, and i	MARTIN DONAHUE MARY SMITH
<u>-</u>	ing ing	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address
leat	attending permit. The ian, ar remo	(Yes, no at unknown) (If yes give war ar dates of service) 219-14-5980 MRS. ANGELA WEISENBORNE, FROSTBURG, MD.
9	aff per ian	IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
=	the risit j	PART I DEATH WAS CAUSED BY:
를 를	by trori	IMMEDIATE CAUSE (a) DUE TO DUE TO
requires that the death certificate be executed g physician	signed by the attending phys burial-transit permit. Then p burial, crematian, ar remaval,	Conditions, if any, which gove) (b) Chronic nephrolis 3 moully
phy	signed burial burial	rise to immediate cause (o).
aw re	as been as the priar to	bst. (c) Khemoloid ortholog years
tteri	has the as	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
# :-		PERFORMED? YES NO MO
PHYSICIAN: e haspital oi	ficate far u	200 ACCIDENT WAS UNDERLYING (Enter noture of injury in Part I or Part II of item 1B)
Spit	E 0 0	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
높욕	is considerated the second sec	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, form, Hour a m. While Not While factory, street, affice bldg., etc.) 20f (City or town) (County) (State)
e de	fter this ce be detache State Dept.	Hour a m. p.m. While Nat While foctory, street, affice bldg., etc) at work at work
N A		21. I certify that (1) (this haspital) attended the deceased from only 10, 19 (a) to Oct 19 19 19 b) that (1) (was last
EN		saw the deceased alive an owlg 1960, and that deoth occurred at 118 M, from causes and on the date stated above
AT E	日報音	220 SIGNATURE 226 DATE SIGNED 226 DATE SIGNED 226 DATE SIGNED 25 STAFF
OR ATTEN be retained	33.0 d w	A DIECTOR LI PHYS LI 10/28/6/
	file	22c PHYSICIAN'S TOTAL TO DATE OF THE PROPERTY
Fage 4 may	director, page 3 shauld shauld be filed with the	NAME (Type) JOHN B. DAVIS, M. D. 5 BROADWAY, FROSTBURG, MD.
10S	ecto Sulc	23a BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
O HO:	direct shoul	BURTAL Specify OCT. 21, 1967 ST. MICHAELS CEMETERY FROSTBURG, MD.
		24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 250 REG STRAR S SIGNATURE
2:	R A15 (4) 5M 1/67	JOSEPH R. DURST, SR., FROSTBURG, MD. 21532 DATE OCT 2 3 1967 Williamles Junge



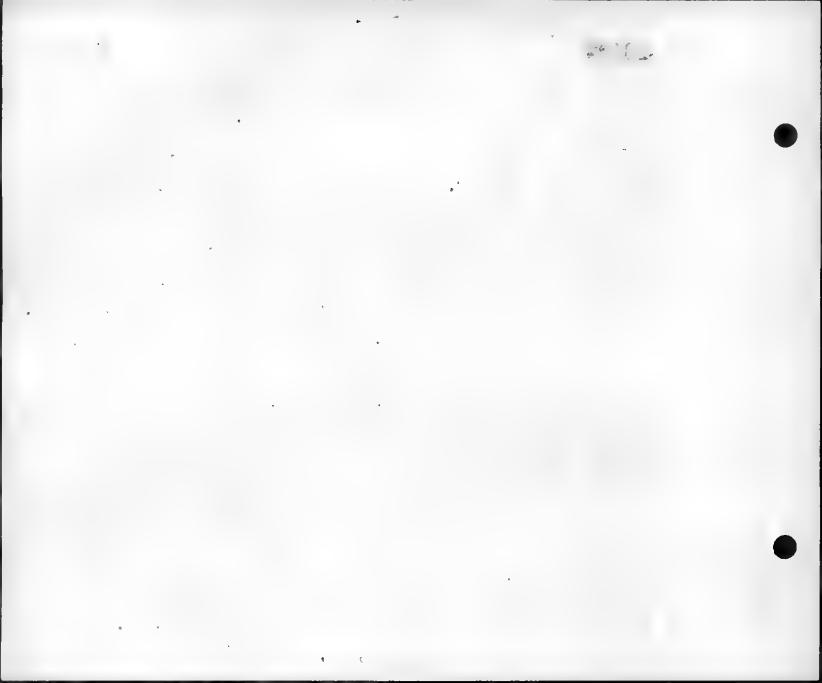
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13191 Bud 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) funeral PLACE OF DEATH dea b. COWILLegany o. COUNTY Allegany o. Warvland MARYLAND The law requires that the death certificate be executed within 24 haurs after r. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate fimits, write RURAL mod give off the Lonaconing IS RESIDENCE ON A FARM 3 d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS born proper St. Marys Terrace St Marvs Terrace YES NO. 4. DATE Month Dov Year NAME OF First Middle DECEASED 0/9/1967 please remave care, and in any event, Eilbeck Nicholson DEATH camplet ave car (Type or print) AGE (In years last birthday) IF UNDER 24 HRS. IF LADER 1 YEAR B. DATE OF BIRTH S SEX 6 COLOR OR RACE 7 MARRIED V NEVER MARRIED Months Days Hours White Male 2/24/1893 WIDOWED DIVORCED 12. CIT ZEN OF WHAT KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 10a USJAL OCCUPATION (Give kind of work done 10b. COUNTRYSA during most of working life, even if retired) INDUSTRY Pekin, Md. 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME signed by the attending physiburial-transit permit. Then plburial, crematian, ar remaval, Mary J. Perrt Nicholson Eilbeck WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give war ar dates of service Gertrude Eilbeck Lonaconing, Md. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a) DUE TO stating the underlying couse as the certificate has been with the State Dept. of Health prior to las! WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION use NO T ō Anter notice of injury in Part I or Port II of item 18. 200 ACCIDENT WAS UNDERLYING 06. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20e. PLACE OF INJURY (Home, form, (City or fown) (County) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Doy, Year **DIRECTOR:** After this factory, street, office bldg., etc.) Not While at work at work 19.6 / that (1) (we) last 21 I certify that (I) (this haspital) aftended the deceased from. 19 (a) ta 3 1967, and that death occurred at 7 D_M, from causes and an the date stated above. saw the deceased alive on_ 22b. DATE SIGNED 22a SIGNATURE STAFF PHYS. ATTENDING DIRECTOR directar, page s should be filed 22d ADDRESS 22c. PHYSICIAN'S FUNERAL ONACONING NAME (Type) should 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23a. BURIAL CREMATION Burial Laurel Hill Cemetery Moscow. Md 24. FUNERAL DIRECTOR ADDRESS OCT PY REGISTRAP 367 25b. VR A15 (4) DATE Lonaconing. 20 M 1/66 George Eichhorn

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13194 CERTIFICATE OF DEATH funerol l ond I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY ALLEGANY MARYLAND ALLEGANY MARY! AND b CITY OR TOWN (If autside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate 1 m ts, write RURAL and give nearest town) CUMBERLAND 2 DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? and in any event, within 72 MEMORIAL HOSPITAL GRAND AVENUE, NO X 3 NAME OF First Last 4 DATE Manth DECEASED FLOYD R. OCT. **ENGLE** 67 (Type or pnnt) DEATH 6 COLOR OR RACE WHITE IF UNDER 1 YEAR S. SEX. 7. MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS NEVER MARRIED rthday) Days Haurs 3-1-1893 WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life even if retired)
Retired Watchman INDUSTRY COUNTRY? Queen Glass Factory 14. NOTHERS MAIDEN NAME RACHAEL FISHELL 13 FATHER'S NAME signed by the attending physi burial-trans't permit. Then pl buriol, cremation, or removal, WILLIAM ENGLE WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, ar unknown) (If yes give war or dates of service) SPITAL- CUMBERLAND 217-10-1560A INTERVAL B 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c))
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave nse ta immediate cause (a), DUE TO stating the underlying cause PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) WAS AUTOPS PERFORMED? NO 20g ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY Manth, Doy, Year (C*v or town) (Caunty) (State) Hour o.m. factory, street, office bldg., etc.) Not While of work at wark 21. I certify that (I) (this hospital) attended the deceased from M, from causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive on ___19_____, and that deoth occurred 22a SIGNATURE 22b DATE SIGNED director, page 3 should be filed v DIRECTOR 22c PHYSICIAN S ADDRESS TO HOSPITAL NAME (Type) 236_VIRGINIA 230 BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Frostburg Memorial Frostburg Alleg



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) The law requires that the death certificate be executed within 24 haurs after deat PLACE OF DEATH b. COUNTY Maryland o COUNTY Allegany Allegany MARYLAND c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside corporate limits write RURAL and give nearest town) CLENGTH OF STAY IN 16 68vrs. Lonaconing Lonaconing e. 15 RESIDENCE d NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM? Charlestown. St. Charlestown, YES NO Y and in any event, within 4. DATE Month NAME OF Middle First DECEASED (Type or print) JOHN DEATH 10/20/1967 IF UNDER 1 YEAR 8. DATE OF BIRTH AGE (n'yeors S. SEX 6. COLDR OR RACE NEVER MARRIED 7 MARRIED last bythdoy) Months Days Haurs 11/8/1898 Male White WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR COUNTRY? during mast of working life, even if retired) physician a sen please INDUSTRY USA Lonaconing, Md. Retired Coal 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remayal, William Gardner Sarah Jane Gardner 15 WAS DECEASED EVER IN a S ARMED FORCES? INFORMANT 16 SDCIAL SECURITY ND (Yes, no arunknown) (If yes give war or dates of service Margaret Gardner Lonaconing, Md 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) INTERVAL BETWEEN ONSET AND DEATH burial-transit Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying couse as the last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REDATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? 205 DESCRIBE HDW INJURY OCCURRED (Enter nature of injury in Part i of art il of item 18) 20g ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d. INJURY OCCURRED 20e PLACE DF INJURY (Hame, farm, (City or town) (County) 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg, etc.) Hour a.m. Not While at wark 21. I certify that (I) (this hasaital) (attended the deceased fram, and that death accurred at 1 D' M, fram causes and an the date stated above saw the deceased alive an 22b DATE SIGNED 220 SIGNATURE ATTENDING PHYS MED. DIRECTOR **ADDRESS** 22c. PHYSICIAN S ONACONING director, 23d LOCATION (City or Town) (County) 23a. BURIAL CREMATION 23b. DATE THEREOF REMOVAL (Specify) 10/23/1967 Laurel Hill Cemetery etery Moscow, Md.
250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 0 Burial

24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DAR CT 2 3 1967 Ochonlas Judge George Eichhorn Lonaconing, Md. 21539

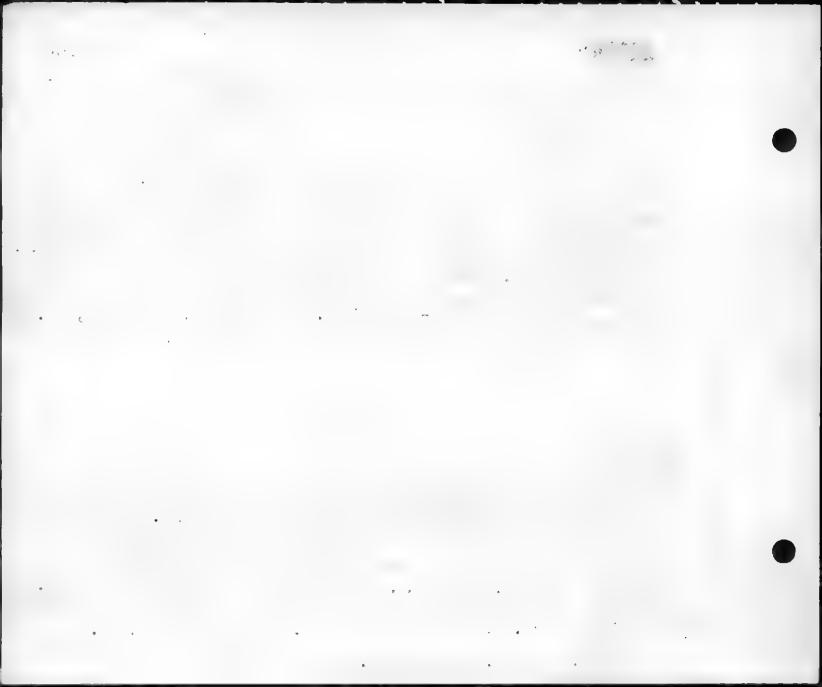


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 131962. USUAL RESIDENCE (Where deceased fixed, if institution Residence before admission) 1. PLACE OF DEATH ALLEGANY o COUNTY o. STATE b. COUNTY MARYLAND ALLEGANY MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b write RURAL and give pearest town) 3 years CUMBERLAND d. STREET ADDRESS e IS RES DENCE popers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ROUTE # 1 ON A FARM? SYLMAN RETREAT YES NO X wifhin 3. NAME OF First HIGHNRY THOMAS 4. DATE Month Year GETGER carban campletely DECEASED OCTOBER 6 10 DEATH event, (Type or print) IF JNDER I YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH AGE (in years **NEVER MARRIED** lost birthday) Months Hours 2/15/83 WHITE MALE WIDOWED DIVORCED and in any 12. CITIZEN OF WHAT 100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 13 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Railroad Pennsylvania U.S.A. attending physician sermit. Then please 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removal, Lydia Knepp Uriah M. Geiger 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, so or unknown) (If yes give wor or dates of service) 712-14-1625 Mr. Oklen Geiger. Cumbirland, Md. crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per June for (o), (b), and (c) ONSET AND DEATH burial-transit PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) þ DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION YES [NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.) 20g ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Doy, Year Hour p.m. foctory, street, office bldg., etc.) While Not While ot work at work . 19.67... ta_ Oct. 8 . 19.67, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram April 1967 and that death accurred at 11 PM, from causes and an the date stated above. 0ét. 8 saw the deceased alive an O FUNERAL DIRECTOR: 22b. DATE SIGNED 220 SIGNATURE ATTENDING M.D. DIRECTOR be filed 22d. ADDRESS -22c. PHYSICIAN'S Memorial Hospital, Cumberland, Md. NAME (Type) Simons, M.D. George M. director, 23r NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION 23b DATE THEREOF (County) (State) Rest Lawn Mem. Gordens La Vala 24. FUNERAL DIRECTOR **ADDRESS** 20 M 1/66 Harvey H. Zeigler, Hvndman.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 14 haurs after death

by the hospital ar

be retained



1-11.					N STREET, BALTIMORE, MARYLAND 21201	A as A assau
M			13195 CERTIFI	CATE	OF DEATH	13197
The law requires that the death certificate be executed within 24 haurs after death attending physician. I has been signed by the attending physician and campletely filled in by the funeral use as the bunal-transit permit. Then please remave carbon papers. Pages I and the priarta burial, crematian, ar remaval, and in any event within 12 hours after death			LACE OF DEATH COUNTY ALLEGANY MARY	LAND	2. USUAL RESIDENCE (Where deceased lived, if institution a. STATE MARYLAND b. COUNTY	Residence before admission) ALLEGANY
haurs after in by the fur its. Pages 1			write RURAL and are peorest town. CUMBERLAND CUMBERLAND CUMBERLAND CUMBERLAND CUMBERLAND CUMBERLAND	\ 1b	c CITY OR TOWN (If autside corporate limits, write RURAL 112 UTAH AVENUE,	
n 24 ho papers.	,)	L	NAME OF HOSPITAL OR INSTITUTION (II not in hospitol, give street address) Memorial Hosp.		CUMBERLAND, MD.	e is residence on a farm? yes no 🔀
kecuted within 24 I			IAME OF First Medic PECEASED CHARLES Frederic (Spe of print)		INNIMAN OF OCT	Doy Year 67
execute d camp emave		S	MALE WHITE WIDOWED DIVORCED		11-14-98 test berteray) M	JNDER I YEAR
ate be cian an cian an and in a			JSUAL OCCUPATION (Give kind all work done properties of working life, even if retired) Well all the state of working life, even if retired) B. F. P. RWY.		11 BIRTHPLACE (County & State, or lareign country) CUMB, MD.	12 CITIZEN OF WHAT COUNTRY? U.S.A.
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death ttending rmit. 1		(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? , no, at unknown.) (If yes give war at dates of service) N.O.		MEMORIAL HOSPITAL CUN A Edith M. Ginniman 112 U	BERLAND, MD.
hat the The a y the a sinsit pe			1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: , IMMEDIATE CAUSE (a)	cul	ar accilent	INTERVAL BETWEEN ONSET AND DEATH
equires that the death certificate be executed physician. signed by the attending physician and cample bunal-transit permit. Then please remave cquently, crematian, ar remaval, and in any event			(anditions, if any, which gove) (anditions, if any, which gove) (b) Anderson	Cen	vais generalized	
The law recatending that been seen seen seen seen seen seen seen			stating the underlying cause (c)		•	
V: The ar after the last has a country as a	**	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA Squarements - left	La	ver lay-ampulated for	- 67 PERFORMED? YES NO NO
rsician: aspital ar certificate hed far us		MEDICAL CERTIFICATION	OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		Enter nature of injury in Part (ar Part (af item 18)	
IDING PHYSICIAN: The law rate by the haspital ar attending Affer this certificate has been a be detached for use as the state Dept. af Health priar ta		MEDIC	Haur a.m. While While pm. 19 at wark at wark	facta	E OF INJURY (Home, larm, 20f (City at town) ary, street, affice bldg , etc.)	(County) (State)
=			21. I certify that (I) (this hospital) attended the deceased from the deceased alive an			_, 19 6_7 , that (i) (we) last d an the date stated above
R ATTEN P. retained RECTOR: 3 shauld			220. SIGNATURE	M D	ATTENDING MED STAFF	22b. DATE SIGNED 10/11/67

TIMOTHY LEWIS

TO HOSPITAL OR Page 4 may be TO FUNERAL DIR director, page 3 shauld be filed VR A15 (4) 25M 1/67

BURIAL, CREMATION, REMOVAL (SOCIETY) 23b DATE THEREOF 10/12/67

DR.

22c PHYSICIAN S NAME (Type)

23c NAME OF CEMETERY OR CREMATORY St. Mary's Burial Park 23d. ¿OCATION (City or Town)

22d ADDRESSMBERLAND, MD.

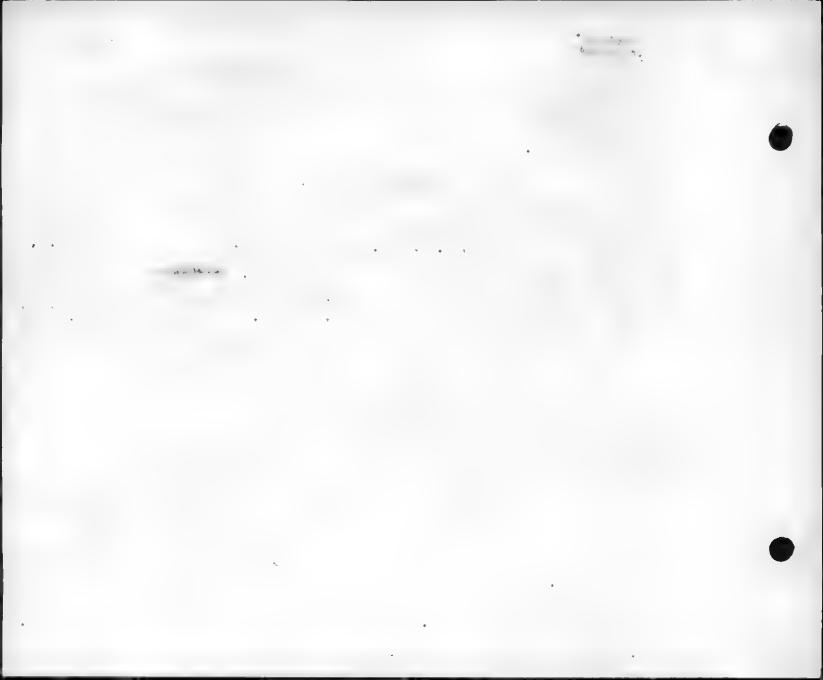
(County) Allegany

167

(State)

Md.

Cumberland. 25b REGISTRAR S SIGNATURE
Williamlas Judges ADDRESS 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 1967 H. Wayne George Cumberland, Md.



13196

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		20100			CERTIFICATE OF DEATH				13198			
İ		PLACE OF DEATH				2 USUAL RESIDENCE (V	Where decease	d fived, if institut	an Residenc	e befare admis	sian)	
1	0	D. COUNTY	ANY	MARYLA	ND	a. STATE b. COUNTY						
ŀ	l.	CITY OR TOWN (I		c LENGTH OF STAY IN	-	MARYLAND ALLEGAN' C CITY OR TOWN (if outside carparate limits, write RURAL and give nearest						
		write RURAL and give nearest town)			O DAVO						'	, ,
ŀ		CUMBER	CLANU ALOR INSTITUTION (IF n	at in haspital		9 DAYS CUMBERLAND ve street address)				e IS RE	SIDENCE	
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	- (B. NAME OF First DECEASED			Middle		Last	4. DATE OF	Mant	ih	Day	Year
-		(Type ar pont)	GEORG	_	8		GROVE	DEATH	AGE flo years	T IF UNDER 1	VEAR TIETIN	9 67 DER 24 HRS
	\$. 5	2FX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9	last birthday)	Manths	Days Haur	
		MALE	WHITE WIDOWED		DIVORCED		10-10-86 80 yrs					
					ID OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country)			ign country)		IZEN OF WHAT JNTRY?		
		JANITOR		EXTILE FACTORY GARRETT COUNTY MD.			MD.		USA			
-	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME											
		NORMAN SARAH UPHOLE										
]S.	WAS DECEASED EVE s, na, ar unknawn)	SOCIAL SECURITY NO.									
-	/I to	NO	fit les dive and at doies	2	19-14-7070		HOSPITAL REC	CORD. 2	200 SETO	N DR.	CUMB.	MD.
Ì	٦		ATH (Enter only one co				4				INTERVAL E	BETWEEN
-	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) negocardial Infarction									ONSET AND	DEATH	
- 1		7201		TO			1					
- 1	Conditions, if any, which gave) (b) Chileriosclerosis											
- 1	rise ta immediate cause (a), (DUE TO											
21		stating the underlying cause (c)										
	ı	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE YERMINAL DISEASE CONDITION GIVEN IN PART 1(d)									19 WAS A	
	<u> </u>		Constive								PERFOI YES	NO T
120"	CERTIFICATION	Congestive beaut printing. 200 ACCIDENT WAS JNDERLYING 2016 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)										110
		OR CONTRIBUTING CAUSE OF DEATH										
		[(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCJRRED 20e PLACE OF INJURY (Hame, farm, 20f (C.ty ar town) (Cai								inty)	(State)	
	MEDICAL	Haur a.n	1.	While	Nat While		ary, street, affice bldg., etc.)		feed as invest	1000	111 TJ	(2) a)
		p.n		at war				0 4		10	Al . 4 /15	/ \ \ .
- 1		21. I certify that (I) (this haspital) ottended the deceased fram, 19, to, 19, that (I) (we) lost										
	saw the deceased alive on										ed obove.	
-		ZZG. SIGNATURE	22a. SIGNATURE Clarence J. Vaicech MD PHYS DIRECTOR DIREC									
		22c. PHYSICIAN'S	MID PHIS DIRECTOR EL PHIS									
Con.		NAME (Type)	CLARENCE	J. VIN	NCENT, M. D.			ALLWOO	D ST., (HIMBER	LAND.	MD.
	77	DIIDIA (DEALESCO										
1	230.	BURIAL, CREMATIC PEMOVAL (Specify) BURIAL			23c NAME OF CEMETE				ATION (City or To	,	(County)	(State)
1				167	MT. ZION	CEM		GAR	RETT COUNTY	JNTY .	MD.	
11	24	. FUNERAL DIRECTOR	NERAL HOME	BURG MD		1 111.	BY REGISTRA	1967 250 8	GISTRAK'S ST	an Jud	e 8	
11		20.101 . 01		,			DATE	- 0	1	an pre	- De June	7

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cample tely-filled in by the fareval director, page 3 should be detached far use as the buriol-transit permit. Then please remane carbon payers. Pages Land director, page 3 should be detached far use as the buriol, cremation, or removal, and in ony event, within 72 hours after each Page 4 may be retained by the hospital or attending physician.

VR A15 (4) ■M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

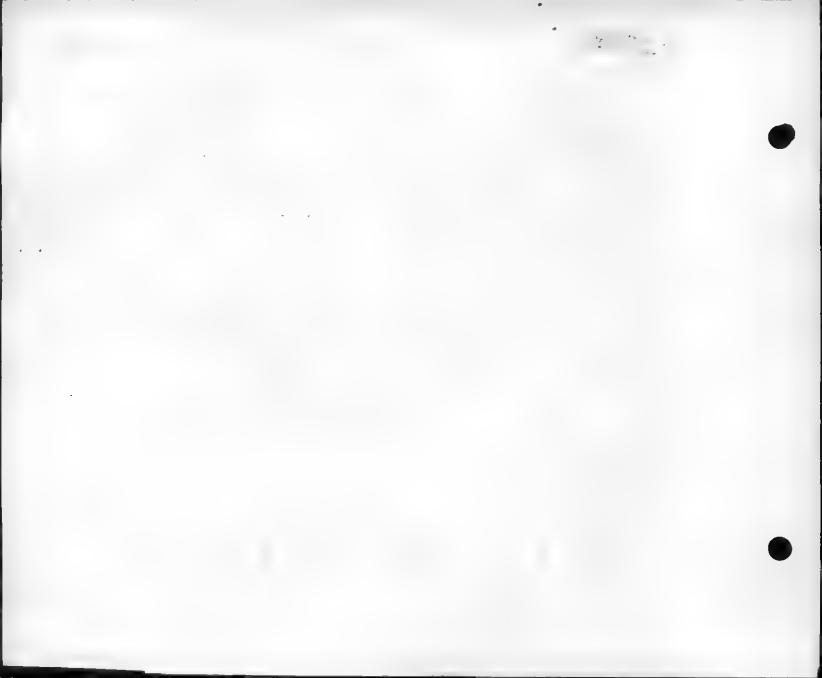
13199

VI)	TELL		CERTIFICAT	L OI DEATH						
	PLACE OF DEATH O. COUNTY	ALLEGANY	MARYLAND		Where deceased lived, if ins		before odmission) EGANY			
	b CITY OR TOWN write RURAL o	(If autside carparate limits, and COMBERLAND	c LENGTH OF STAY IN 16 26 DAYS		utside corporate limits, write RLAND	RURAL ond give i	nearest town)			
	d. NAME OF HOSP	SACRED HEART		d STREET ADDRESS 209 P	OTOMAC STREE	т	e IS RESIDENCE ON A FARM? YES NO			
	3. NAME OF DECEASED (Type or print)	CURT IS	Middle A •	HAWSE	4 DATE OF 10 DEATH		12 Year 67			
	s. sex MALE	MULTE	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 02-15-93) Months (Days Haurs Min			
	10a USUAL OCCUPATION	DN (Give kind of work done	10b. KIND OF BUSINESS OR INDREASY LROAD	11 BIRTHPLACE (County WEST VI	& Stote, or foreign ROCK RGINIA Oak		ZEN OF WHAT			
	13. FATHER'S NAME XXXXXX	ENOS HAWSE		14. MOTHER'S MAIDEN MOLLY)				
	(Yes, NOOpr unknown	VER IN U.S. ARMED FORCES?) (If yes give war or dates at sen	16. SOCIAL SECURITÝ NO 17.	HOSPITAL RE		ddress ETON DR	IVE, CUMB.			
		DEATH (Enter only one cause po ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Clerke for (a), (b), and (c).)	embial }	Suffration	7	INTERVAL BETWEEN ONSET AND DEATH			
	Canditions, if an	DUE TO	Artemole	when Ho	least Dis	Post	cerile			
	rise to immedia stating the und last.									
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(a) 19 WAS AUTOPPERFORMED YES NO.									
	OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED). (Enter nature of înjury in	Part I ar Part II af item 18)				
	문 Hour d	JURY Manth, Day, Year a.m. 19		LACE OF INJURY (Home, farm actary, street, affice bldg, etc.) (Caun	ity) (State)			
I		tify that (I) (this hospita deceased alive an	1) attended the deceased fram 16 12-1967, and th		1967, ta					
l	22a. SIGNATURE M.D. ATTENDING MED STAFF DIRECTOR DIRECTO									
	22c. PHYSICIAN NAME (Typ		, M.D.	22d. ADDRESS 5 POTON	AC ST., RIDO	ELEY, W	AV - A			
	23a BURIAL, CREMAT REMOVAL (Speci BUTIAL	10-15-1		R CREMATORY Burial Parl	23d. LOCATION (City of Cumberla)		County) (Stote)			
	24 FUNERAL DIRECT	Scarpelli,	Cumberland, Md.			REGISTRAR'S SIG	NATION			

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

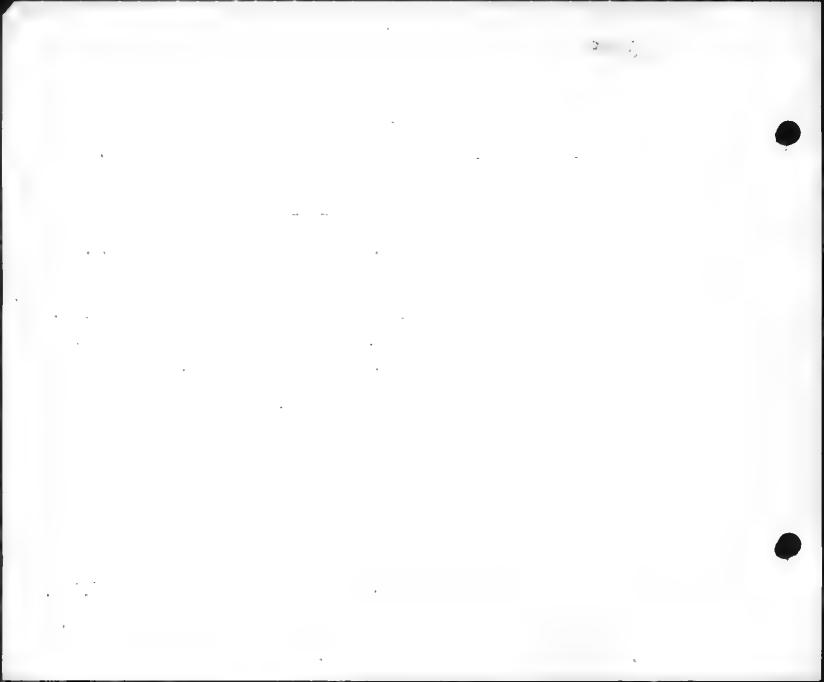
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STATE			13198	MED	ICAL EXAMINE	R'S CERTIFICATE	OF DEATH	1	3201
H DEPL		0	PLACE OF DEATH COUNTY Allegan		MARYLAI	o STATE Mar	yland	if institution Residence b COUNTY Allega	ny
State Department of			CITY OR TOWN (If outside corporate write RURAL and give nearest tawl Cumberland	1)	D.O.A.	Cum	outside corporate limits iberland	write RJRAL and give n	
State Dep 72 haurs o	ча		name of hospital or institution Memorial Hos		give street address)	d STREET ADDRESS 431	Independ	dance St.	e iš residence Om a farm? YES \ NO \
The St		(NAME OF DECEASED Type or point) Haro	ld Frank	lin Her	shberger	4 DATE OF DEATH		Day Year 31 19 67
2 with the at within 7		\$ 2	Male 6 COLOR OR RAI White	7 MARRÆD WIDOWED	NEVER MARRIED DIVORCED	330-21	9 AGE (In	rthday) Months D yrs	ays Hours Min
pages land 2 w		duri	USUAL OCCUPATION (Give kind of working most of working life, even if retired) Fireman FATHER'S NAME	II II	IND OF BUSINESS OR IDUSTRY Fire Dept.	Holsopple	e or foreign country) Penna.	12 CITIZE COUN U_S	N OF WHAT
File		15	Albert Hershber WAS DECEASED EVER IN U.S. ARMED FO S, no. or unknown) (f yes g ve war or or Yes WWII	RCES? 16	SOCIAL SECURITY NO 0-10-1:931	Carrie He I/ INFORMANY Mrs. Helen He	lsel		endence St.
a burial-fransit permit rematian, ar remaval,			18 CAUSE OF DEATH (Enter on y of PART I. DEATH WAS CAUSED BY IMMEDIATE OF THE PART I. DEATH WAS CAUSED BY IMMEDIATE OF THE PART I. DEATH WAS CAUSED BY IMMEDIATE OF THE PART IN THE PART I	ne cause per tine far	(a), (b), and (c)) Coronar	y Occlusio	n, Left		INTERVAL BETWEEN ONSET AND DEATH
as (Conditions, if any, which gave use to immediate cause (a), stating the underlying cause lost	(b) DUE TO (c)	Corona		sis, Left sis, gene		11
be used ta buria	1	ATION.	PART I OTHER SIGNIF CANT CONDITI	ONS CONTRIBUTING	TO DEATH BUT NOT RELATE				19 WAS AUTOPSY PERFORMED? YES XX NO
avld pria?		L CERTIFICATION	200 EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH	20b Di	ESCRIBE HOW INJURY OCCU	RRED (Enter nature of injury r	n Part I ar Part I af Hei	m 18)	
age acr		MEDICAL	20c TIME OF INJURY Manth, Doy, Y Haur a m p.m	19 While	Not While	e PLACE OF INJURY (Hame, fai foctory, street, affice bldg et	c)	tawn) (Count	y) (State)
may be retained for your FUNERAL DIRECTOR: Page ealth or its designated age			21. I certify that I taak a death resulted from N	harge of the rer otural causes		Suicide, Homicid	e 🔲, Undeterm	Inquiry X ,	and in my opin on
retain AL DIRE its de:			ACTUAL SIGNATURE Senedi	ot Sh	torelic		EDICAL EXAMINER	Ontohou f	22. DATE SIGNED
may be FUNER, alth as	*	22-	EXAMINER'S BENEDIC BURIAL CREMATION, 23b DA	OT SKITA	RELIC, M.	Address (Stre	et city, town, or councy	October 3	(State)
20 m			DEMOVAL (Specific)	3-67		norial Park		nd Allegan	Md.
R A15ME (5)	8	24.	H. Lee Silcox	404 Deca	A see to East and	L ATI	0v 3 1967	pliante	Judge



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in pencil in Item 18. Give Page

This certificats shauld be executed within 24 haurs after death

the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along

necessary, please execute the certificate, writing the ward "pending

CAL EXAMINER:

TO DEPUTY ME

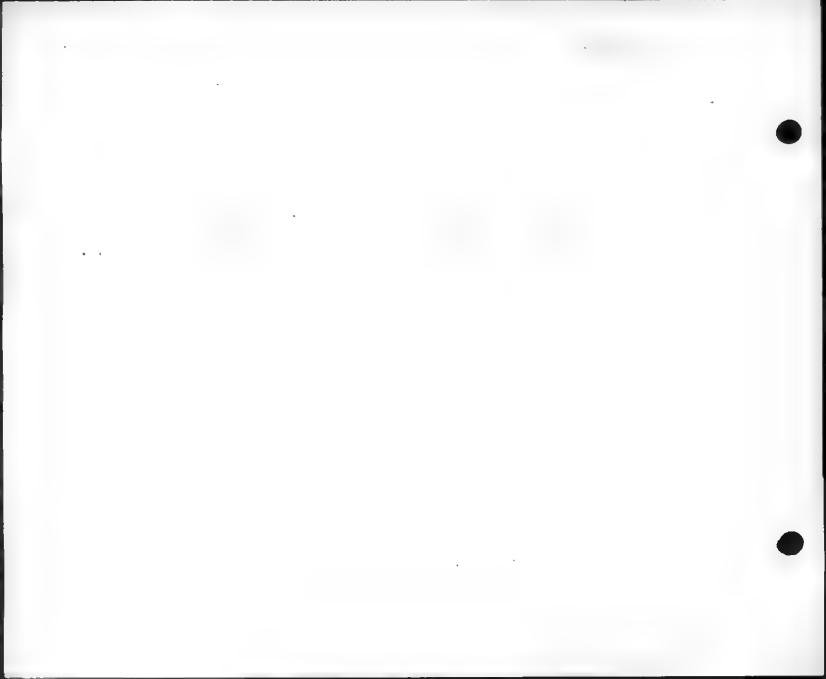
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partment af Health or its designated agent, prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. State De 5 may be retained for yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. Fle pages 1 and 2 with the

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	PLACE OF DEATH						IDENCE (Nhere deceased			nce before	admission)
	a. COUNTY	ALLEGANY		MARY	LÁND	o STATE	MAR	YLAND	p (OI)	INTY	ALI	EGANY
		f autside carparate lim t	S	c LENGTH OF STAY I		c C TY OR TO	WN (If a.	itside carparate	limits, write RL	JRA. and giv	e nearest	town)
		g ve nearest tawn) STBURG		LIFE			FRO	STBURG				/
-		AL OR INSTITUTION (If no	ot in hospital (d STREET ADI		DIDUIG			е	IS RES DENCE
	40	McCULLOH ST	PREET				40	McCULL	H STRE	ET	У	ON A FARM?
	NAME OF DECEASED		rst	Middie		Last		4 DATE OF	Man		Doy	Year
	(Type or pnnt)	MABEI	<u> </u>	E.		SELBAUG		DEATH	OCTOB		14,	19 67
	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED		8 DATE OF BIRT			AGE (In years last birthday)	F UNDER Manths	Davs Davs	Hours Min.
FI	EMALE	WHITE	WIDOWED	DIVORCED		MAY 10,	192	5	12 yrs		Days	10013
qui	I USUAL OCCUPATION ING MOST OF WORKING SALES CL FATHER'S NAME	(Give kind of work dane life, even if retired) ERK	I IN	ND OF BUSINESS OR DUSTRY PARTMENT ST	ORE		RYLA		try)	(0	TIZEN OF DUNTRY?	WHAT
	DENZEL	CROWE					ANN	A EISLE	R			
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (f yes g ve war ar dates o	16. 1	SOCIAL SECURITY NO	17.	INFORMANT			Addr	ress		
110	as no, or dischowing	(1 ferg vs war ar adies t	21	5-20-5062	FF	ED HUSS	ELBA	UGH. FF	OSTBUR	G. MD.		
	Conditions, if any, rise to immediate stating the under last	e cause (a), lying cause	(b) TO	Ce B	rel	wal	Pr	ربيده موريده	robab	e_	?	
ATION	PART II OTHER SIG	GNIF CANT CONDITIONS (ONTR BUT NG 1	TO DEATH BUT NOT REL	ATED TO	THE TERMINAL DI	SEASE CON	ND.THON GIVEN	N PART 1(a)		19 V	WAS AUTOPSY PERFORMED? NO 🔀
CERTIFICATION	20a EXTERNAL CA PRIMARY ☐ or CO! CAUSE OF DEATH		20b DE	SCRIBE HOW INJURY OF	CCURRED	(Enter nature of	injury in	Port I or Part II	of item 18)			
MEDICAL	20c T ME OF INJU Haur a.n p.n	10	20d f While at wark			CE OF INJURY (H ary, street, affice			City ar tawn)	(Ca	nutA)	(State)
	21. I certify	that I took charge	e of the ren	nains described ob	ove, he	ld an Autops	у 🔲,	Inspection	N, Inq	uiry 🔀,	and	in my opinion
	death result	ed fram Natura	ıl causes 🔀	, Accident []	Suic	ide [], H	amicide	Und	etermined n	nonner]	
	ACTUAL SIGNATURE	Renedict	Ski	tarelie		M_D ASSIS	TANT MED	EXAMINER [-	27 14.	2. DATE SIGNED
	EXAMINER'S NAME (Type)	BENED	ICT S	SKITARE		MD Addr		AL EXAMINER .	co(nty)	herle	and	Md.
	BURIAL CREMATIO	,		23c NAME OF CEME				23d LOCA	TION (CTy or To	awn)	(County)	(State)
\ L	BURLAL (Specify)	0000	7 167	FBG. MEM	ORIA				TBURG.			
1	FUNERAL DIRECTO		-	ADDRESS				BY REGISTRAR		EGISTRAR'S S	-	
4	CEPH R.	DURST, SR.	FROS	TBURG, MD.	2	1532	DATE (OCT 17	1967	Julia	nes	Lucken



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1320% CERTIFICATE OF DEATH

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	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceosed lived, if institution Residence of STATE MARYLAND b. COUNTY AL	
	ALLEGANT MARYLAND	<u> </u>	LEGALY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negress java) 0 6 DAYS 17HF	CITY OR TOWN (If outside corporate finits, write RURAL and give CUMBERLAND	neorest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	B IS RESIDENCE ON A FARM?
	MEVORIAL HOSPITAL	15 ALTAMONT TERRACE	YES NO
	NAME OF First Middle DECEASED (Type or print) ARCH	JCHNSON OF OCTOBER	25 19 67
	SEX 6 COLOR DR RACE 7, MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 6-2-1899 9 AGE (In years loss bythdox) Months Months	Doys Hours Min
	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) Retired Bartender Brunswick Bar	11 BIRTHPLACE (County & Stote, or foreign country) LONACONING, 'AD.	ZEN OF WHAT
3.	DANIEL JOHNSON	14. MOTHER S. MAIDEN NAME 製造業物業業業業業業業業業業業業	
Ye	or no or unknown) (If you must upper or dates of connect)	INFORMANT Address MORIAL HOSPITAL, CU^ABERLAN	ID, MD.
	18. CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Lung	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove		0
	rise to immediate couse (o),		
	stoting the underlying couse last. (c)		
100	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERM NAL D SEASE CONDITION GIVEN IN PART I(0)	19 WAS AUTOPSY PERFORMED? YES NO
CERTIFIC	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part 1 or Part I of Item 18)	, <u></u>
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY DCCJRRED 20e PLA	ACE OF NJURY (Home, farm, tory, street, office bldg., etc.)	nty) (Stote)
	21. I certify that (1) (this haspital) attended the deceased from 2	t death pecurred at 5:05 A from causes and on the	
	220. SIGNATURE 7.22 blandle M	ATTENDING MED. STAFF	TE SIGNED
	22c. PHYSICIANS NAME (TYPE) DR. BLANE SCHINDLER	43 GREENE ST., CUMBERLAI	ND, MO.
30	BURIAL (REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR BUTIAL 10/27/1967 Greenmount C		(County) (State)
94	FUNE AP DIRECTOR ADDRESS	250 REC D BY REGISTRAR 256 REG STRAR S SI umberlandte McQCT 27 1967 gclica	
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13204

13202

TO FUNERAL DIFFECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages (and — shauld be filed with the State Dept. of Health priar to burial, crematian, or remayal, and in any event, within 72 haurs after december. Rage 4 may b≡ retained by the haspital or atteming physician.

VR A15 (4) 25M 1/67

10 HIGSFIFEL OR ATTEMBING FIFYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

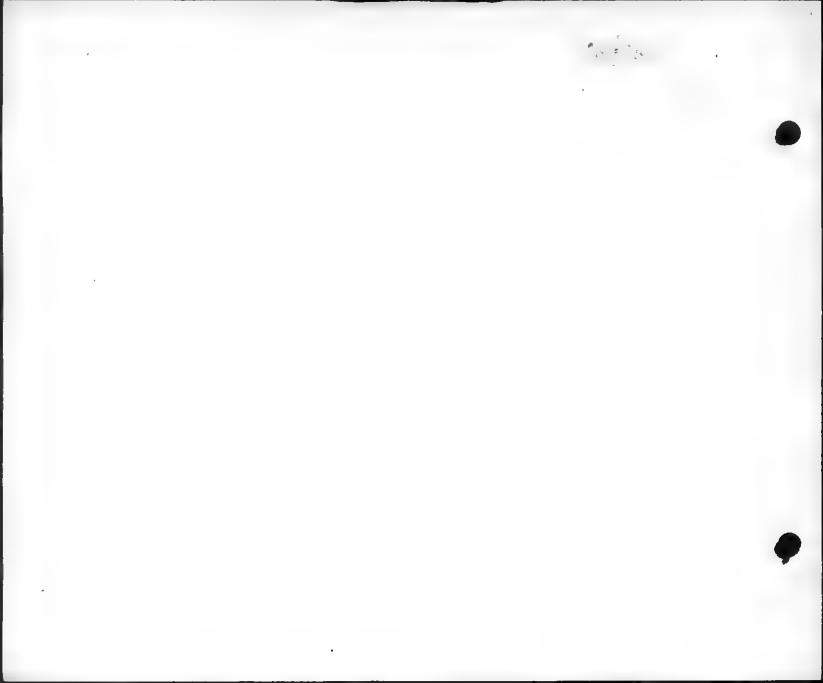
	13202	CERTIFICATE	OF DEATH	1.	3204				
1.	PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	CTARE	Where deceased lived, if institution: Reside B. COUNTY AL	nce before admission) LEGANY				
	b. CITY OR TOWN (If outside corporate limits, write RURALINE EVER Paras NOTO)	52 DAYS		iside corporate limits, write RURAL and gi	ve nearest tawn)				
	d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital MEMORIAL HOSPITAL		d STREET ADDRESS 23 OFF	TUTT ST.,	e IS RES DENCE ON A FARM? YES NO				
	NAME OF First PECEASED (Type or pnnt) ROBERT	Middle Louis	KEMP	4. DATE Month OF OCT	9 19 67				
1	SEX ALE 6 COLOR OR RACE 7 MARRIE WHITE WIDOWE	DIVORCED .	7-16-19-1	lostroighday) Months	Days Hours Min				
dur	ing mast of warking tife, even if retired)	KIND OF BUSINESS OR INDUSTRY NOME	Cumberla	rd. Maryland	OUNTRY? U.S.A.				
	ROBERT KEMP			BRIDGE					
15 (Ye	(If yes give wor or dates of service)		MEMORIAL H	HOSPITAL CUMBEI	RLAND, MD.				
	18 CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	or (a), (b), and (f)) Tro-intestinut	Hemorn	1290	INTERVAL BETWEEN ONSET AND DEATH				
	Conditions, if ony, which gave (b)	Peptic Illce	γ-		month				
	stating the underlying couse (c)								
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION A Y PE y i O S C l 2 y	otic Heart D.	isease, (or	ig Heart failing	19. WAS ALTOPSY PERFORMED? YES NO				
L CERTIFI	200. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in I	Péft I or Port II af Item 18)					
MED CAL	Haur a.m. Wh		E OF INJURY (Hame, fare ry, street, affice bldg., etc.)	12/10-	aunty) (State)				
	21. I certify that (I) (this haspital) attended the deceased fram 1/3 1967, that (I) (we) las saw the deceased alive an 1967, and that death accurred 31: 15P M, fram causes and an the date stated above								
	220. SIGNATURE M.D. ATTENDING MED STAFF 10/1 10/1								
	PHYSICIAN'S NAME (Type) DR. I. DROS			JMBERLAND, MD.					
	BURIAL (REMATION, 236 DATE THEREOF BUTTLOCKY) 10/13/67	St. Mary's Bu	rial Park	23d .OCATION (City or Town) Cumberland, Alli					
24	i. FUNERAL DIRECTOR H. Wayne George Cumbe	rland, Md.	DATE OC	BY REGISTRAR 1967 2Sb REGISTRAR'S	ALES JANGER				



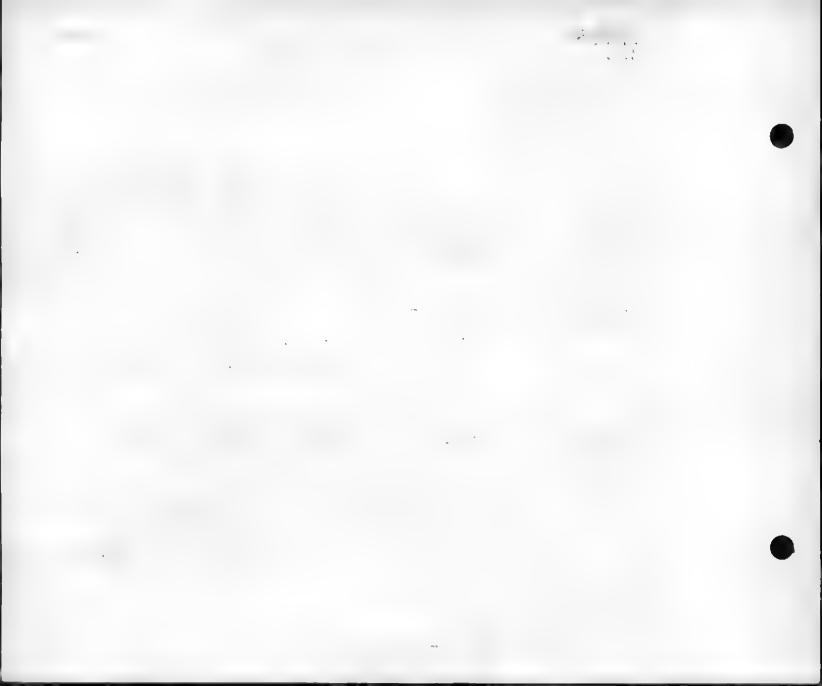
JOSEPH R. DURST, SR.,



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13206**FOR STATE** HEALTH DEPI 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) 1. PLACE OF DEATH b COUNTY a STATE a. COUNTY MARYLAND ALLEGANY P.M.3 Page ALLEGANY MARYLAND deloy c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY N 16 b CTY OR TOWN (If autside corporate limits, gud write RLRA, and a ve negrest town)
CUMBERL AND CUMBERLAND 50 YEARS S RESIDENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) farm hours 622 N. CENTRE STREET ₩0 [X SACRED HEART HOSPITAL YES 8. Give Pagils ate 24 hours after death First M. date 4 DATE Manth Day Year alapa with 3. NAME OF OF DECEASED OCT. 12 67 EMMA LINDNER 19 DEATH Within (Type ar print) IF UNDER 1 YEAR AGE (n years IF LINDER 24 HRS S SEX B. DATE OF BRITE 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last 87 b rthday) Months Days M DOWED DIVORCED JAN.15.1880 FEMALE WHITTE and 2 event 12 CITIZEN OF WHAT 1) BIRTHPLACE (State or foreign country) 10a JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR COUNTRY? INDUSTRY during most of working life, even if retired) pages 10 in ony e OWN HOME NORTH CAROLINA USA Medical Examiner's HOUSEWIFE 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate shauld be executed within UNKNOWN UNKNOWN E gnd Address IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates at service ar removal, MRS. HARLEY C. WAGONER NONE CUMBERLAND, MD. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY LOBAR PNEUMONIA IMMEDIATE CAUSE (a) used as a burial-tra i burial, crematian, c writing the word DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause farwarded last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) please execute the certificate, NÖ FRACTURE OF RIGHT HIP prior ta þe 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of in ary in Part or Part I of item 18) 20a EXTERNAL CAUSE WAS 3 shauld PRIMARY Or CONTRIBUTING shauld CAL EXAMINER: CAUSE OF DEATH FELL AT HOME its designated agent, (County) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame farm, (City or town) 20c TIME OF INJURY Month Day Year factory, street, office bldg , etc.) Hour Boye While Nat While FUNERAL DIRECTOR: Page 19 67 ALLEGANY CUMBERLAND MD. at work at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X. Inquiry X, and in my opinion Undetermined manner Accident X. Suicide , funeral director. death resulted from: Homicide Natural causes 📝 CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY pe DEPUTY MEDICAL EXAMINER Health ar **EXAMINER'S** CUMBIC Find Ment (Street Many, town, or county) NAME (Type) BENEDICT SKTTARELIC. M.D. 23c. NAME OF CEMETERY OR CREMATORY he 23d, LOCATION (City or Town) 236 DATE THEREOF 23a. BURIAL, CREMATION 500 REMOVAL (Specify)
BUR IAL ST. PETER & PAUL CEMETERY CUMBERLAND. MD 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR CUMBERLAND, MD. VR A15ME (5 1967 6M 1/66

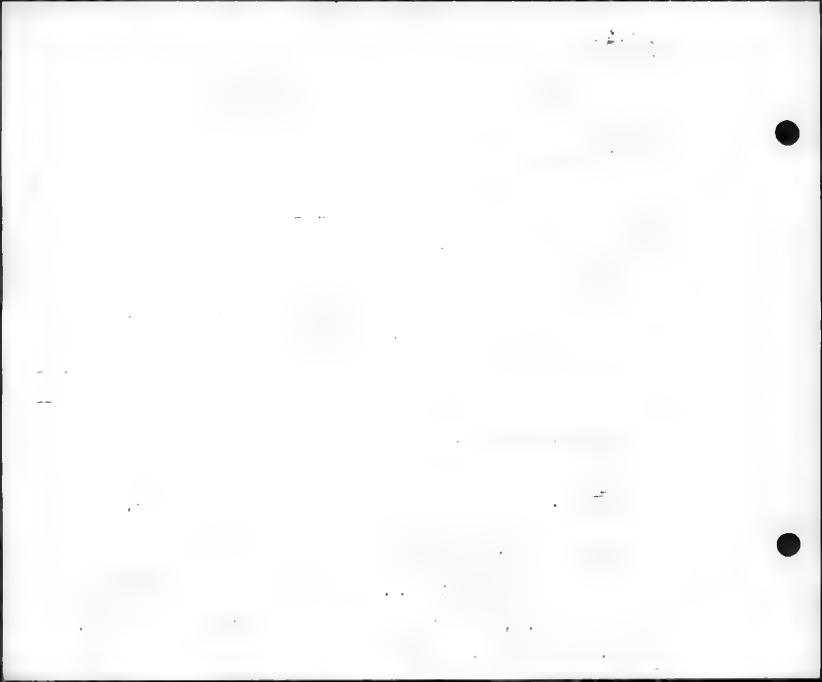


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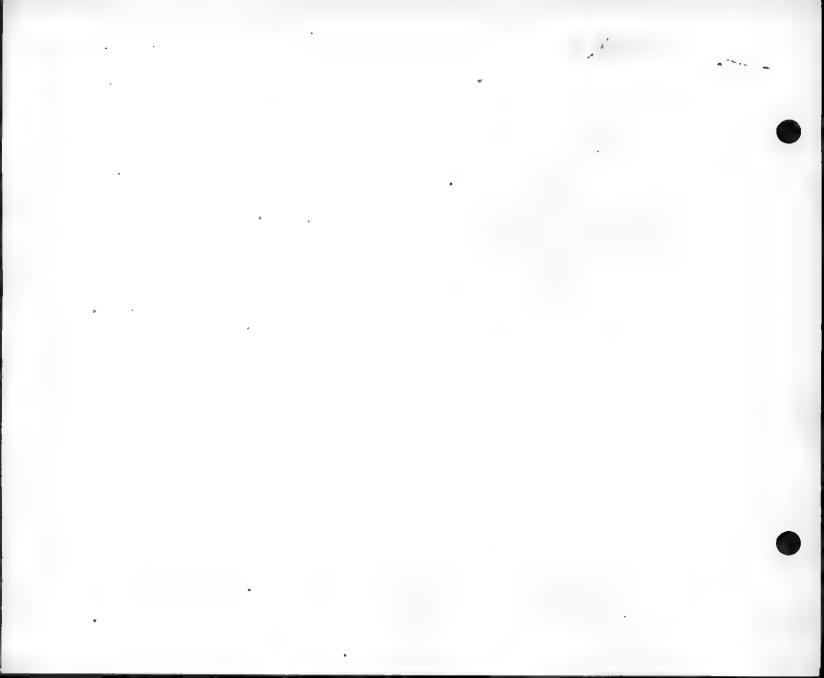


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13207 FOR STATI MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13209 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived of institution. Residence before admission) o. STATE Maryland a COUNTY Allegany **b** COUNTY Poge deloy is and 3 to Allegany deoth. MARYLAND b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c LENGTH OF STAY N 16 c CITY OR TOWN (If guitside carparate limits, write RURAL and a veinegrest town) 2, u. PM3. F diter Cumberland 29 days Little Orleans d. NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? for Stote Memorial Hospital Rural YES K NO be executed within 24 hours ofter deoth Last First 4. DATE Month Day Year DECEASED OF. Give Edith V 19 67 Mann October 10 (Type or print) DEATH within along S SEX 6 COLOR OR RACE AGE (In years IF UNDER 1 YEAR 7 MARRIED 8 DATE OF BRTH IF LINDER 24 HRS NEVER MARRIED b rthday) Months 10-17-1879 Female White WIDOWED DIVORCED event Office pencil in Item 1 10a USUAL OCCUPATION (Give kind af work done during mast af working life, even if refired)

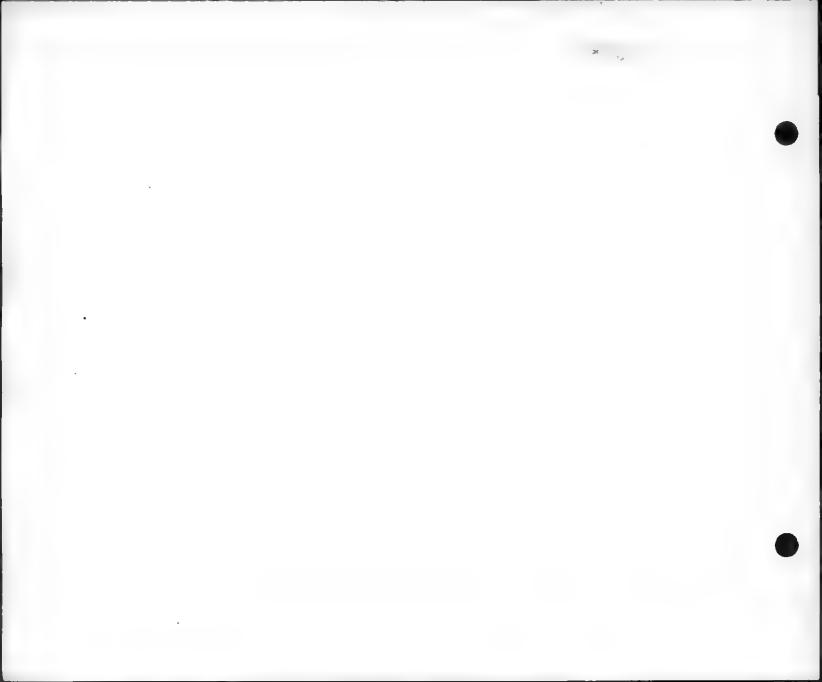
Housewife 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fare an country) 12 CITIZEN OF WHAT Hone COUNTRY? ony Maryland the Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME = Alfreed Rebecca Roberts 62 DUQ Creek Ė 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na arunknawn) [(fiyes give war ar dates af service) 16 SOCIAL SECURITY NO. 17 INFORMANT 'pending" or removal, Memorial Hospital-Cumberland, Maryland No 18 CAUSE OF DEATH (Enter any one cause per me for (a), (b), and (c)) NTERVAL BETWEEN PART I DEATH WAS CAUSED BY: ONS TO THE CAN Cardiac Failure MMEDIATE CAUSE (a) This certificate should icate, writing the word be forworded to the Ch buriol, cremotion, DUE TO Chronic Myocardititis Conditions, if any, which gave (b) nse to immediate cause (a), DUE TO stating the underlying cause 0 Disease ASCV last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO XX Comminuted Intertrochanteric Fracture of Left Hip 0 20a EXTERNAL CAUSE WAS PR MARY ☐ or CONTRIBUTING 🌁 20b DESCRIBE HOW NIERY OCCURRED (Enter nature of injury in Port L or Part L of item 18.) Health or its designated agent, prior plnods should Fell At Home MEDICAL EXAMINER: CAUSE OF DEATH 20d INJURY OCCURRED 20c T ME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form (City or town) (County) (State) factory, street, affice blda etc.) Not While at work DIRECTOR: Page 19 67 Sept.9 at work Home Little Orleans, Alleg. Md. 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection K Inquiry X. and in my apinian funerol director. death resulted fram-Natural causes Accident X. Suicide . Hamicide | Undetermined manner be retoined CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER moy be re FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER KT October 10. 1967 **EXAMINER'S** BENEDICT SKITARELIC, M.D. Address (Street, city, town, or countyCumberland, Maryland NAME (Type) 9 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL, CREMATION, 23b DATE THEREOF 23d LOCATION (City or Town) (County) 0 Oct.13.1967 Piney Plaines Little Orleans, Alleg. Md. R 1967 REGISTRARS S GNATURE 24 FUNERAL DIRECTOR ADDRESS 2Sa REC'D BY REGISTRAR VR A15ME (5 Howard J. Grove, Hancock, Maryland



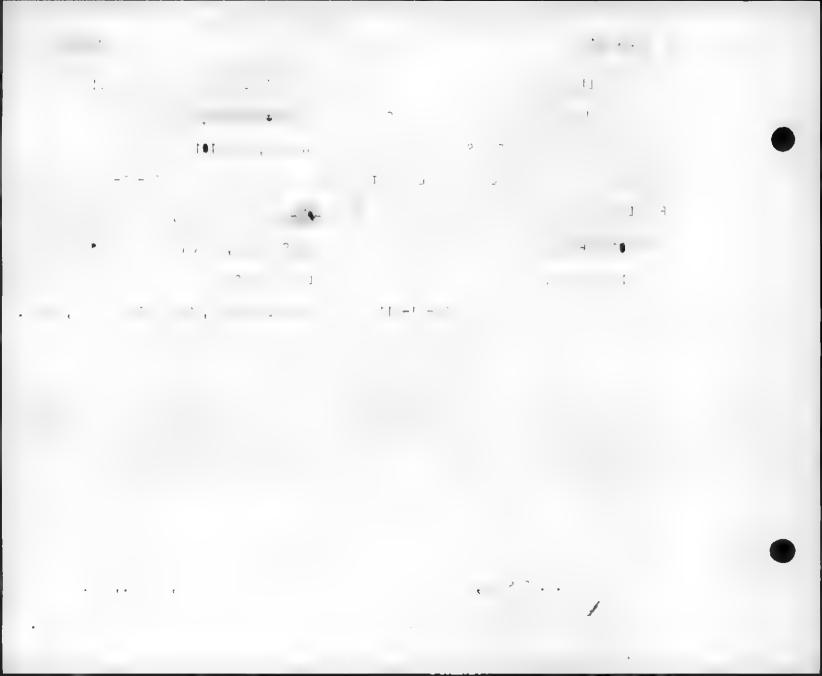
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13203 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a COUNTY o STAMaryland • Willegany NE CO CALADA Allegany deoth MARYLAND c CITY OR TOWN (If outside carporate imits, write RURAL and give nearest tawn) b CITY OR TOWN (If outside corporate mits, CLENGTH OF STAY IN 16 P.M3 write RURAL and give negrest tawn)
Midland Midland d NAME OF HOSP TAL OR INSTITUTION (if nat in haspital, give street address) d STREET ADDRESS S RESIDENCI Adges I. ON A FARM? hours Cemetery Road Cemetery Road 24 hours after death NAME OF First Middle Last 4 DATE Month Day DECEASED 10/9/1967 McGee MARY 19 within (Type or print) DEATH S. SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** 8 DATE OF BIRTH AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS last birthday) Manths Haurs Female White XX MIDOWED DIVORCED and 2 event in pencil in Item 1 10a USUAL OCCUPATION (Give xind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 C TIZEN OF WHAT during most of warking life, even if retired)
Housewife INDUSTRY Midland, Md. word "pending" in pencil in the Chief Medical Examiner's poges in any 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate should be executed within Michael Clise Susan Winters puo 15 WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, ng, or unknown) (If yes give war ar dates af service) removol. Lena Tighe Midland, Md. None No Neice 18. CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY OCCLUSTON 10 IMMEDIATE CAUSE (a) lease execute the certificate, writing the word director. Page 4 should be forworded to the Cl burial, cremation, DUE TO Conditions, if any, which gave (b) CORONARY SCLEROSIS rise ta immediate cause (a). DUE TO stating the underlying couse last. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION NO X its designated agent, prior to 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Part I or Part I of tem 18.) 3 should PRIMARY Gr CONTRIBUTING G OTCAL EXAMINER: CALISE OF DEATH (Stote) 20c TIME OF INJURY Manth, Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm 20f (City or town) (Caunty) Haur o.m. factory, street, affice bldg., etc.) While Not While may be retained for your FUNERAL DIRECTOR: Page at work at work Inquiry A 21 I certify that I taak charge of the remains described above, held an Autapsy Inspection A. and in my apinian Natural causes X Accident . Suicide . Hamicide 🗍 death resulted fram. Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMENER SIGNATURE 10/9/1967 TO DEPUTY DEPUTY MEDICAL EXAMINER 20 Benedict Skitarelic Cumberland, s. (Md. etv. town, or conflumberland, Marylane Realth NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION, 236 DATE THEREOF (County) 500 Memorial Park Frostburg, Md. /1967 ADDRESS 250 REC'D BY REG STRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Milanley Judge VR A15ME Lonaconing, Md.



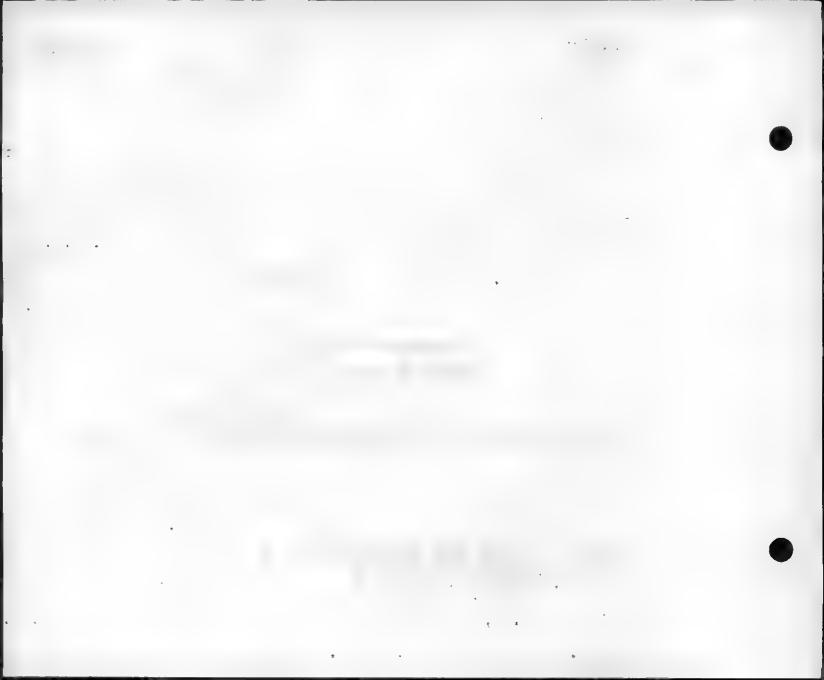
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o COUNTY o STATE b COUNTY delay is and 3 ta Page ALLEGANY MARYLAND ALLEGANY MARYLAND b CITY OR TOWN (If outside corporate mits, E LENGTH OF STAY IN 15 c CTY OR TOWN (I outside corporate limits, write RURA, and give nearest town) M3. CRESAPTOWN YEARS e IS RESIDENCE DN A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d SIREET ADDRESS DOA SACRED HEART HOSPITAL CRESAP PARK Give Pages YES NO X This certificate should be executed within 24 hours after death 3 NAME OF First 4 DATE Month Year DECEASED WALLACE M. within McKEE OCT. 67 (Type or print) DEATH Office alang F UNDER 1 YEAR S SEX 6 COLDR OR RACE 7 MARR ED NEVER MARRIED 8 DATE OF BRITH 9 AGE (n years last birthday) Hours Months Dovs WHITE AUG.16,1884 WIDOWED MALE DIVORCED event II B RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OR during most of working the even if retired) COUNTRY? pages 1 INDUSTRY USA MARYLAND the certificate, writing the ward "pending" in pencil in 4 shauld be farwarded to the Chief Medical Examiner's 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME = File HENRY MCKEE CHARLOTTE MCKENZIE IS WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service remayal NO 214 07 2958 MARY TWIGG CRESAPTOWN. MD. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) NTERVAL BETWEEN PART I DEATH WAS CAUSED BY 5 CORONARY OCCLUSION MMEDIATE CAUSE (a) crematian, DUE TO Conditions, if any, which gave 3 CORONARY SCLEROSIS rise to mmed ofe couse (a). DUE TO stoting the underlying couse 0 19 WAS AUTOPSY PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO A 2Do EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) pridi should PRIMARY I or CONTRIBUTING I **EXAMINER:** CAUSE OF DEATH its designated agent, 2Dd NJURY OCCURRED 2Dc TIME OF INJURY Month, Day Year 2De PLACE OF INJURY (Home, form (City or fown) (County) factory street, office bldg etc.) the funeral director. Page ot work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection X, Inquiry [X], and in my opinian death resulted from Natural causes X. Accident . Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X October 15. 1967 O DEPUTY TO FUNERAL Health or it **EXAMINER'S** Address (Street city, town, or con Chimberland, Maryland NAME (Type) BENEDICT SKTTARELIC, M.D. 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (County) REMOVAL (Specify) FROSTBURG MEMORIAL PARK FROSTBURG ALLEGANY MD. OCT 18.1967 BURIAT 24 FUNERAL DIRECTOR BYRON ADDRESS 250 REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE KICHT CUMBERLAND, MD. 1967 VR A15ME (5)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #3 Film #G394 1CERTIFICATE The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY 6 COUNTY **ALLEGANY** MARYLAND ALLEGANY MARYLAND b CITY OR TOWN (If outside carparate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If auts de carparate limits, write RURAL and give nearest tawn) write RURAL englights presipations 3 DAYS Winchester Rd. Cresantown. e IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) within 725 d STREET ADDRESS popers SACRED HEART HOSPITAL RFD #6. BOX## 1 Cumberland YES NO T campletely (ELIZABETH MC/KENIZE 3 NAME OF First Manth DECEASED
(Type or print) OF DEATH NELLIE 10-31-67 NEVER MARRIED S SEX 9 AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED last birthday) Manths FEMALE WHITE DIVORCED T WIDOWED 10a, USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHP, ACE (County & State, or foreign country) 12 CITIZEN OF WHAT during ost of working the even if retired). COUNTRY? physician (Housework CRESAPTOWN, MARYLAND 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME ALBERT MC KENIZE ALICE ROBISON IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war ar dates of service) 820-01-4113 HOSPITAL RECORD, 200 SETON DRIVE, CUMB. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause IO FUNERAL DIRECTOR: After this certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED' 20g ACCIDENT WAS LINDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d IN. JRY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) factory, street, affice bldg., etc.) 1967 to 10/31 , 1967, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 733 PM, from causes and on the date stated above. saw the deceased alive an-22b DATE SIGNED 22a SIGNATURE DIRECTOR MD 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) S.G.WEISMAN, MD 59 GREENE STREET, CUMB., MD. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23g BURIAL, CREMATION 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Cresaptown, Allegany
REGISTRAR | 25b. REGISTRAR'S SIGNATURE 11/3/67 St. Ambrose Cemeteru 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Minter Judge. 1967 DATENOV 6 H. Wayne George Cumberland, Maruland



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13213 CERTIFICATE OF DEATH 24 haurs after death. 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH O. COUNTY ALLEGANY PENNSYLVANIA b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If auts de corparate limits, write RURAL and give nearest town) DAYS HYNDMAN d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? MEMORIAL HOSPITAL NO DO within Middle MENGES NAME OF 4 DATE OCTOBER DECEASED ROY al CLAY DEATH (Type or print) 9. AGF (In years B. DATE OF BIRTH 5 SEX 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** 2-13-1885 MALE WHITE WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind af work dane during most of working life, even if retired) TOB. KIND OF BUSINESS OR INDUSTRY 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) GUNTRYS . A. HYNDMAN, PA. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME CHARLES D. MENGES Rebecca 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service 16 SOCIAL SECURITY NO. 17 INFORMANT 705-09-25 6MEMORIAL HOSPITAL, CUMBERLAND, MD. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave) rise to immediate cause (a). DUE TO stating the underlying couse WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(a) 200 ACC DENT WAS UNDERLY NG DESCRIBE HOW INJURY SECURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or town) 20c. TIME OF INJURY Month, Doy, Year Hour a.m. factory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram_ and that death occurred at an the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an... 22a. SIGNATURE 22b DATE SIGNED DIRECTOR CUMBERLAND, 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) 230 BURIAL, CREMATION (County) Oct. 17, 1967 Hyndman, Bedford Hyndman Cemetery 2Sp. REC D BY REGISTRAR 2Sb REGISTRAR S SIGNATURI 24. FUNERAL DIRECTOR VR A15 (III) 25M 1/67 Harvey H. Zeigler, Hyndman, Penna.

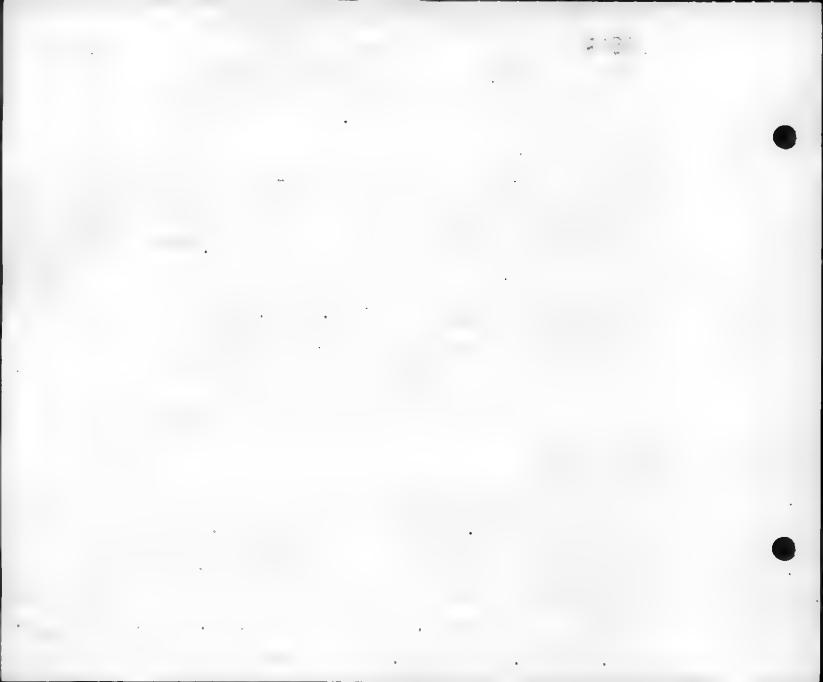


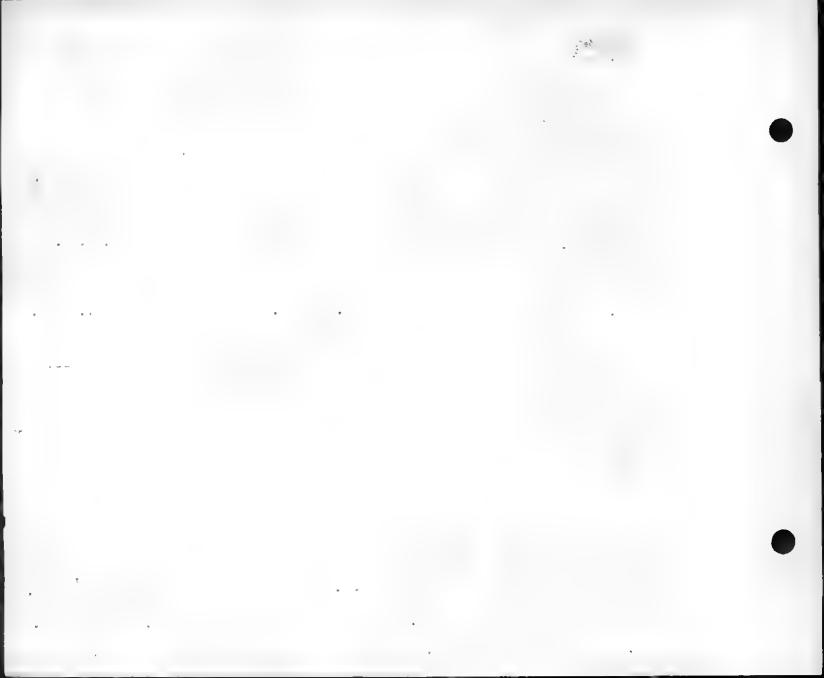
MARYLAND STATE DEPARTMENT OF HEALTH 301.W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS, CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours ofter deoth 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE Maryland b COUNTY Allegany Allegany b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Cumberland 12/7/63 Oldtown d NAME OF HOSPITAL OR INSTITUTION (If not in pospital give street oddress) e. IS RES DENCE ON A FARM? d STREET ADDRESS Allegany County Infirmary NO X 3 NAME OF Middle First Lost 4. DATE Year DECEASED OF DEATH Miller 67 Walter October James (Type or print) B. DATE OF BIRTH AGE (In years S SEX 6. COLOR OR RACE NEVER MARRIED 7. MARRIED By puthdoy) Months Hours Male White WIDOWED X 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done COUNTRY? INDUSTRY Berkley Spring, W. Va.
14. MOTHER'S MAIDEN NAME U.S.A. 13 FATHER'S NAME Jefferson Miller Sarah McDonald

17 INFORMANT P.O. Box 599, Cumberland, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. Allegany County Infirmary records. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), one (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET-AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(q 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of njury in Port 1 or Port 11 of Item 18.) 20o ACC DENT WAS UNDERLYING . OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home form, 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Not While of work foctory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After to 10/3/67 . 19 2). I certify that (I) (this haspital) attended the deceased from 12 saw the deceased glive an 9/30/67 19 and that a , that (I) (we) lost and that death accurred at ... M, from causes and on the date stated above. saw the deceased alive an_ ATTENDING MED STAFF
PHYS DIRECTOR X PHYS 22b. DATE SIGNED 220 SIGNATURE director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S Topper, M. D. Memorial Hospital, Cumberland, Md. 23d LOCATION (City or Town) 230 BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) Oct. 5,1967 Bethel Cemetery Bethel. W. Va. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 James F. Scarpelli, Cumberland, Md.

E 1

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13213 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Maryland Allegany Allegany MARY! AND es es c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town Frostburg 4 yrs. 6 mos. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? within 72 109 Maple Street SYLVAN RETREAT YES NO X 3. NAME OF Middle 4. DATE First Lost Month Dov Year campletely DECEASED Edith Minnick October 31 67 Pearl event, (Type or print) DEATH F UNDER 1 YEAR S SEX 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last hirthdoy) White Months Hours Female 8/28/90 in any DIVORCED WIDOWED guo 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired)
HOUSEWIIE COUNTRY? INDUSTRY U.S.A. and Maryland (#47#5##### US 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removal, Mary Shaffer Walter Witt attending p 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Frostburg Md (Yes, no, or unknown) ((If yes give wor or dotes of service 214-01-0065-D Mary J. Buckalew, 109 Maple St No cremation, INTERVAL BETWEEN ONSER AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO burial, Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse attending lost WAS AUTOPSY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) PERFORMED? CERTIFICATION NO certificate be retained by the hospital or 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF THE PROPERTY OF THE PROPERT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) detached MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While factory, street, office bldg., etc.) ot work of work 15, 19 67, ta 1967, that (I) (we) last 21. [certify that (1) (this haspital) attended the deceased fram. April Oct. 31 19 67, and that death accurred at 8 P.M. fram causes and an the date stated above saw the deceased alive an_ Oct. 31 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR director, page 22c. PHYSICIAN'S O FUNERAL NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURIAL CREMATION. (Stote) (County) REMOVAL (Specify)
Burial Mt. Savage Methodist Cem Mt. Savage Md. 2So. REC'D BY REGISTRAR VR A15 196 20 M 1/68 Balto Ave. Cumberland





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #8 Film #6374 1/2/ pp CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission o. COUNTY o STATE b. COUNTY ALLEGANY ALLEGANY MARYLANO b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) CUMBERLAND IWK. 3DAYS CUMBERLAND d. STREET AODRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) MEMORIAL HOSPITAL N.MECHANIC ST. NO X NAME OF First Middle 105 DATE Month DECEASED OCTOBER MOORE 26 **JESSE** (Type or print) in any event, S SEX 6 COLOR OR RACE **NEVER MARRIEO** OATE OF BIRTH AGE (In hars Months YIS ES WHITE MALE **OIVORCED** WIDOWED 10o JSUAL OCCUPATION (Give kind of work done 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? USA buriol, cremotion, or removol, and Worker MARYLAND, Lonaconing RETIRED 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ezekiel J. Moore 1v Tazenbaker 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service HOSPITAL, CUMBERLAND. MD IB. CAUSE OF DEATH (Enter only one couse per-Ine for PART I. DEATH WAS CAUSED BY: ONSET ANO DE DUE TO Conditions, if ony, which gove nse to immed ote couse (a), **OUE TO** stating the underlying cause hos been see as the better the prior to be lost. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPS'
PERFORMED? Health NO 200 ACC-DENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part or Port II of item 1B.) OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TiME OF INJURY Month, Ooy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (State) (City or fown) (County) factory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased from director, page 3 should should be filed with the and that death accurred at 3:30M, AppMauses and on the date stated above saw the deceased alive on-220. SIGNATURE **ATTENDING** M.D. 22c PHYSICIAN 22d. ADDRESS O HOSPITAL CUMBERLAND, MARYLAND NAME (Type) DR. B. SCHINDLER 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23a BURIAL, CREMAT ON 23d LOCATION (City of Town) (County) 10-28-67 Hillcrest Cemetery Cumberland Allegany Maryland 2So. REC'O BY REGISTRAR 24. FUNERAL DIRECTOR H. Lee Silcox 404 Decatur St., Cumb., Md.



TO HOSPITAL OR ATTENDED BY the hospital or attending physician.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending thysician and completely filled in by the funeral director, page 3 should be metached for use as the murial-transit permit. Then means remove backop papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth.

_	MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTI	CAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	13216			CERTIFIC	ATE	OF DEATH			1	73*241.60
1.	PLACE OF DEATH	Н			1	2. USUAL RESIDENCE	E (Where de	ceased lived, if insti-	tution: Res	dence before admission)
	a. COUNTY	Allegan		MARYLA	ND	· ·	Va.	b. COUNT	ML	neral 🗸
	b. CITY OR TOW write RURAL	N (if outside corpo and give nearest t	orate limits,	, c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If o	outside cor	porate Ilmits, write	RURAL 8	nd give nearest town)
	Cumber	land.		12 daus		Rt. # 2	Keyse	r. W. Va.		
Т			TION (if not	t in hospital, give street add	ress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
		al Hosp.				Short Ga	tp,			YES NO X
3.	NAME OF DECEASED		First	Middle		Last	4. DATE OF	Month		Day Year
	(Type or print)		oy	Elaine		Moreland	DEATH	. 00000		8, 1967
	SEX	6. COLOR OR RAC	E 7. MARI	RIED NEVER MARRIED	X 8	. DATE OF BIRTH	9.	AGE (In years HI	UNDER 1	YEAR IF UNDER 24 HRS.
,	emale	White	WIDO			March 9, 194	19	18 yrs.	ION DIS U	ays Hours Min.
10a dur	USUAL OCCUPAT	ION (Give kind of wo	ork done 10	Ob. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (Con	unty & State	, or foreign country)		ZEN OF WHAT
	None			None		Cumberland	l. Mar	yland		S. A
13.	FATHER'S NAM	_				14. MOTHER'S MAIDE	EN NAME	-		
	Arthu	r C. More	land			Irene M.	Blauc	h		
		EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17.	INFORMANT		Address		
(10	No.	(II yes give wat or hat	es di zeraire)	None	Mr.	Arthur C. M	lanola	nd Rt. # :	2 Kou	ser. W. Va.
T		DEATH [Enter only	one cause	per line for (a), (b), and (c).					Ī	INTERVAL BETWEEN
		EATH WAS CAUSED	BY:	UREMIA						MONTHS
).	IMMEDIATE CAU								
	Cenditions, If		UE TO CI	HRONIC GLOME	RUI	LONEPHRITI	S			YEARS _
	gave rise to	Immediate ((b) UE TO							157110
	cause (a), st	ratting the [(c)	VON GIERKE'S	S D	ISEASE T	YPF	1		BLRIH
NO.			107	TRIBUTING TO DEATH BUT NO				DITION GIVEN IN PA	ART 1(a)	19. WAS AUTOPSY
18				SCLEROSIS						PERFORMED?
E	20a. ACCIDENT			Db. DESCRIBE HOW INJURY	OCCUI	RRED. (Enter nature of	Injury in Pa	art I or Part II of	Item 18.)	1120 🔼
MEDICAL CERTIFICATION	OR CONTRIBUTI	WAS UNDERLYING NG CAUSE OF D FIFY MEDICAL EXA	EATH MINER)						,	
CAL		INJURY Month, Da	ıy, Year 20	od. INJURY OCCURRED 20	e. PLAC	E OF INJURY (Home, far	m, 20f.	(City or town)	(Count	y) (State)
MEDI	Hour a.n			Yhile Not While at work	tactor	y, street, office bldg., et	C.)			
	21. I certif	y that (I),(this h	ospital) atl	tended the deceased from	m	1954 19	, to	PRESEN	T1967	, that (I) (we) last
		ceased alive on_	OCT	8 1967, and	d that	death occurred at	: 0.9M, fr	om the causes at	nd on the	date stated above.
	22a. SIGNATUR	11/	7/1			1775HOUNG 1	₩ 2*\$₩		22b. DAT	E SIGNED
		114.10	za My	7	M.D.	PHYS. LX D	HED.	STAFF PHYS.	10-1	1-67
	220. PHYSIC/A NAME (Ty		/ (22d. ADDRESS				
	_G.O.H	IMMELWRI	GHT, A	WD GW	-	1-33-VI	RGIN	A AVE C	UMBE	REAND MD
23a	 BURIAL, CREM REMOVAL (Spe 	AT ON, 23b. DAT		_				_		
	Burial	10/1	1/67	Levels Cem	ete		Leve	ls. Hampsi	ure,	w. Va.
24	FUNERAL DIRE		0	ADDRESS	. ,	25a. RECU	THE REGI	STRAR 25b. REG	STRAR	SIGNATURE
_	n. wayn	e George	cumbe	erland, Maryla	nd	DATE	1 4 0	U		0

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13217 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY MARYLAND ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside carporate limits, write RURA), and give negrest town) write RURAL and give nearest town) CUMBERLAND, MD., 21502 CUMBERLAND 2 DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IIOI BRADDOCK RD., SACRED HEART HOSPITAL 3. NAME OF First Middle Last DATE Month DECEASED OCTOBER (Type or print) MYRTLE S. NAZELROD DEATH S SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** plast birthday) 5-2-84 FEMALE WHITE WIDOWED DIVORCED 10b KIND OF BUSINESS OR 100 USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
HOUSEW | FE INDUSTRY PETERSBURG, W. VA. Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARTIN ALT SIPHRONE GEORGE WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unk nawn) (If yes give war ar dates of service 217-54-6511 HOSP. RECORD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]
PART | DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DHE TO Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) CERTIFICATION 20a ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of Item 18.) OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) Hour a.m. factory, street, affice bidg, etc.) Nat While at wark 1962 to 10-21. I certify that (I) (this haspital) attended the deceased from 10-14-saw the deceased alive an 19 4 / and that death occurred at M. from couses and an the date stated above 22a SIGNATURE M.D. DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS DR. LEWIS BRINGS NAME (Type) GREENE ST., CUMB., MD., 23g BURIAL CREMATION 23b. DATE THEREOF 23r NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)

Nazelrod Cemetery

TO FUNERAL DIRECTOR: After director, page 3 shauld be filed v VR A15 (4) 25M 1/67

and 2 death.

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in any (

burial-transit permit. Then pl burial, crematian, ar remaval,

attending poermit. The

signed by the burial-transit p

as been as the priar tal

Health

detached f te Dept. af l

has

th.s certificate

OR ATTENDING PHYSICIAN:

O HOSPITAL

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funeral J and

=

filled

campletely

within 24 hours after death

requires that the death certificate be executed

24 FUNERAL DIRECTOR William G. Kight Cumberland, Md.

Oct. 19. 1967

REMOVAL (Specify)

Buriel

25a REC'D BY REGISTRAR 1967

Cumberland

(County)

22b DATE SIGNED

Allegany

25b. REGISTRAR'S SIGNATUR

13219

ALLEGANY

16

12 CITIZEN OF WHAT

COUNTRY?

e. IS RESIDENCE

YES |

Hours

ON A FARM?

Year

IF UNDER 24 HRS

U.S.A.

INTERVAL BETWEEN

ONSER AND DEATH

WAS AUTOPS)
PERFORMED?

NO

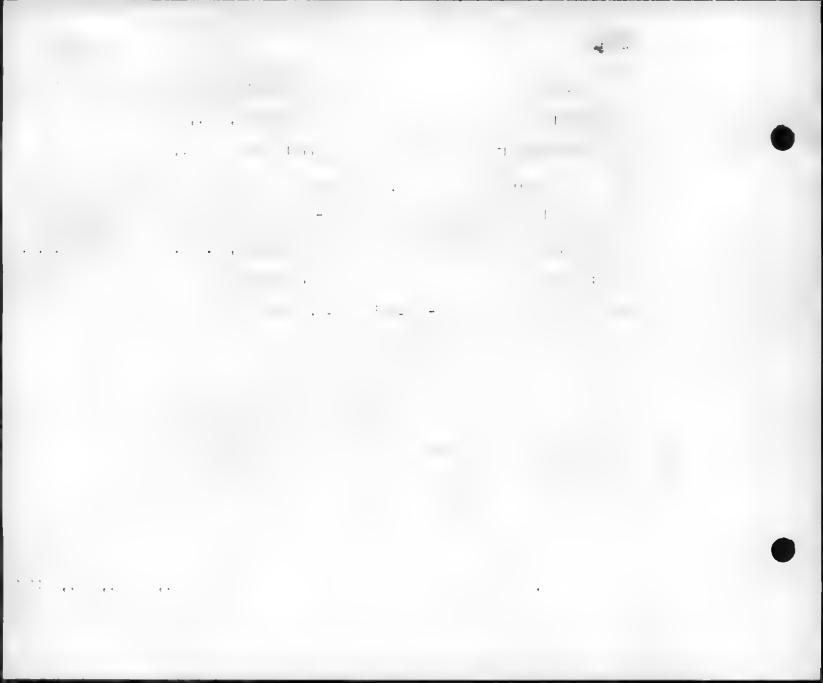
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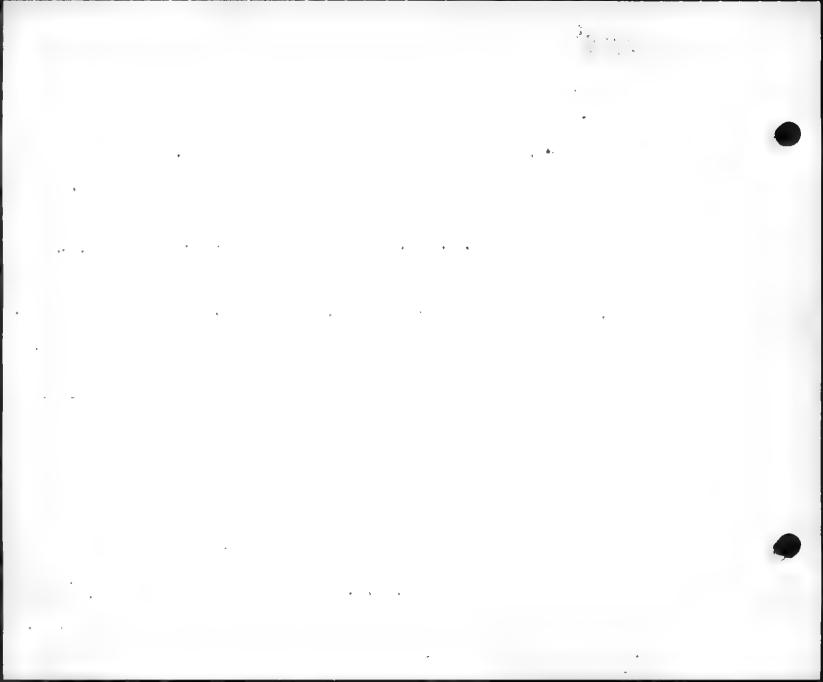
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		19212 W	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	13220
HEALTH DEAT		PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived if institution.	Residence before odmission)
ay 1s 3 ta Page intof		Allegany	MARYLAND	o STATE Maryland b COUNTY	Allegany
delay 1: and 3 to W3. Page tmento		CITY OR TOWN (If outs de corporate limits,	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits write RURAL of	and give nearest town)
tree tree		write RURAL and give negrest town)	5 days	Cumberland,	
2 2 2 2		NAME OF HOSPITAL OR INSTITUTION (If not in hos	p-tol, give street oddress)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
ges. 1 Tarren hours	_	Memorial Hosp.		744 Maryland Ave.	YES NO
200	3	NAME OF First	Middle	Lost 4 DATE Month	Doy Year
ع غ خ و		Type or print) Frank	Shepherd	Negath Uctobe	
after of 8. Give along v with th	5	7 7777	A Merca name of		UNDER 1 YEAR FUNDER 24 HRS
hours tem 18 Office c and 2 v		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OWED DIVORCED		
	10o duri		106 K ND OF BUSINESS OR B. INDUSTRY RWY.	11 BIRTHPLACE (State or foreign country) Cumberland, Md.	12 CITIZEN OF WHAT COUNTRY?
n 2 il ir ner' ner' an	13.	FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
id within 24 in penal in I Examiner's File pages and in any		George R. Nef	(4	Sallie Bickford	
	15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCA, SECURITY NO. 17 U	NFORMANT Address	
ate shauld be executed within the ward "pending" in pencil of ta the Chief Medical Examine a burial transit permit. File pagarematian, ar remaval, and in a	(Ye	s, no, or unknown) (If yes give wor or dates of service	705-09-9862 Mr	s. Ruth Neff 744 Maryland	Ave. Cumb. Md.
exe andi Me		18. CAUSE OF DEATH (Enter only one couse per li	ine for (o) (b), and (c))		INTERVAL BETWEEN
"pe "pe hief ansit		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Cer	rebral Hemorrhage	ONSET AND DEATH
shauld e ward r the Ch vrial tra		₹७≯ DUE TO		Ŭ.	
sho whe we to the to the buring the transfer of the transfer o		Conditions, if any, which gave trise to immediate couse (a).	Hy	pertensive cardiovascu.	lar
0		stoting the underlying couse DUE TO		Disease	3
certificate , writing th arwarded t used as a l burial, cre.		lost. (c)	TIL 0 TO DELTH DUT NOT DELTED TO T	of Transital Differs countries of Mr. (1) Brown	I ID WAS AUTODSY
s certificate s, writing t farwarded used as a i burial, cre	NO.	Arterios		HE TERM NAL DISEASE CONDITION G VEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
to be	FICAT			Enter noture of injury in Port 1 or Port II of item 18.)	YES NO X
Programme Progra	CERTIFICATION	PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH	OR DESCRIBE HOW HADRE OCCURATED (the holde of many in roll to roll it of new to j	
Sho sho file 3.st	MEDICAL			E OF INJURY (Home, form, 20f (City or town)	(County) (State)
3000000	ME	p m. 19	While of work of work	ry, street, office bldg., etc.)	
inectar. Pagained for y iRECTOR: Pdesignated		21. I certify that I taak charge of th	e remains described abave, hel	d an Autapsy 🔲 , Inspection 🔀 , Inquiry	and in my apin a
Sid for the state of the state		death resulted fram: Natural cause	es 🛂, Accident 🔲, Suici	de 🔲, Hamicide 🔲, Undetermined mann	er 🗌
McCoperate direct DIREC		ACTUAL B - 1 1	80:00	CHIEF MEDICAL EXAMINER	** ***
# # # # # # # # # # # # # # # # # # #		SIGNATURE Selection	Skitarelie	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
TO DEPUTY MC. TALL IN necessary, please exect the funeral directar. Po 5 may be retained far O FUNERAL DIRECTOR: Health or its designate		EXAMINER S BENEDICT SK	ITARELIC, M.D.	DEPUTY MEDICAL EXAMINER DI Octol Address (Street, city, town, or coloumber)	oer 24, 1967 Land Marylan
TO DEPU necessa the fun 5 may TO FUNE Health	230	BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY OR C	REMATORY 23d. LOCATION (City or Town)	(County) (State)
5 = 25 = 7		BUNCAL Specify) 10/26/67	Hollcrest Bur	ial Park Cumberland,	Allegany, Md.
7	24	FUNERAL DIRECTOR	ADDRESS	250. REC D BY REG STRAR 25b REGISTI	RAR'S SIGNATURE
VR A15ME (5)		H. Wayne George Cumb	erland, Md.	DATO CT 2 6 1967 gclu	mes Judge



3218

MARYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS

N					CERTI	FICATE	OF DEATH				ひんた人	
7		PLACE OF DEATH					2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)					on)
K	(o. COUNTY ALLEG	ANY		MA	RYLAND	o. STATE MARY	LAND	ь (ОІ		GANY	
/	ŀ	b CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
		write RURAL and an	RLAND		10 DAY	S	FROSTBURG					
	-{	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)					d. STREET ADDRESS				e IS RESI	
ž,		SACRE	D HEART H	OSPITAL			44 W	RIGHT	STREET		ON A F	NO X
		NAME OF First			Middle		Lost	4. DATE	Mo	nth	Doy Ye	Gr Gr
	(DECEASED (Type or print)	AGATH	IA .	NMI		NICOLATO	OF DEATH	10	16	196	57
	\$:	SEX 6.	COLOR OR RACE	7 MARRIED	NEVER MARR	IED 🔲	B. DATE OF BIRTH	1	AGE (In years	IF JNDER 1 YE	AR IF UNDER	R 24 HRS
		FEMALE	WHITE	WIDOWED	DIVOR	ED 🔲	03-10-90		77 yrs	Months Do	ys Hours	Min
		USUAL OCCUPATION (GI			ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& State, or fo	reign country)	12 (1117)	N OF WHAT	
	0011	ing most of yorking life, HOUSEW I FE	even a renreg)	IN	DUSTKT		ITALY			COUNT	RY? Ital	Ly
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
		JEROME B					DOMINICA	ARSEGO)			
	15	WAS DECEASED EVER IN	U.S. ARMED FORCES?	of connect!	OCIAL SECURITY NO.		NFORMANT		Add	ress		
	(10	NO (If	as give wor or dores	218	-24-8365A	HO:	SPITAL RECO	RD, 20	O SETON	PRIVE.	CUMB.	MB.
		18. CAUSE OF DEATI	I (Enter only one con VAS CAUSED BY:	use per line for	(o), (b), ond (c).)	. /	- 1.0				INTERVAL BET ONSET AND D	
			IMMEDIATE CAUSE	(0)	Concestio	e de	cal faile	ie.			ONSET AND L	ZEATH
		7330	DUE	T0	8.1	0	10 100 1-					
	Conditions, if any, which gave (b) (b) Citical pribrillation											
	stoting the underlying couse DUL 10											
		lost.	,	(c)	Wille	00 0	clerone (, directe		
	NO.	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED?										
4	₽ E			nellita		0.000					YES	NO 📗
	CERTIFICATION	200 ACC DENT WAS UN OR CONTRIBUTING □		20b DE	SCRIBE HOW INJURY	OCCURRED	(Enter noture of injury in	Port I or Po	rt II of item 18)			
		(IF EITHER, NOTIFY MED		001.14	HINDY OSCHOOSE	1 00 011	Cr. OF Indian III	201	18.4	16		(F)
	WEDICAL	20c TIME OF INJURY Hour o.m.	1.	While	IJURY OCCURRED Not While		CE OF INJURY (Home, farm ary, street, affice bldg , etc		(City or town)	(County	()	(Stote)
		p.m.	19	at work		1				10		
		saw the dece	that (I) (this has	spital) attend			death occurred at	19	a A, from couses		, that (i) (
		220. SIGNATURE	1260 Ollas Oll	_ //	171	, and man	dedii occorred or		n, nom cooses	22b. DATE		ubove.
		130	runel d	. Vuic	ans	M D	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS	10/17,		
		22c PHYSICIAN'S	T ATT TOO I		11		22d. ADDRESS					
1		NAME (1994)	HARENCE V	VINCENT	, M. D.		126 N.	SMALL	100D ST.	, BHREEL	RLAND,	MD.
		BURIAL, CREMATION,	23b DATE TH	EREOF	23c NAME OF CE	METERY OR	CREMATORY	23d L0	CATION (City or T	own) (Co	unty) (S	itote)
2	В	BUR IAL (Specify)	10-19-6	67	ST. MICH	LAELS			ROSTBURG	, MD.		
11	24	JOSEPH R.	חווספיי פו	o EPA	ADDRESS	T)	04700	D BY REGIST		REG STRAR S SIGN	N JRE	
D		OOBIN R.	DOUGT 91	ratu	SIDURG, P	L) .	21532 DOCT	201	1967 182	liarles	100	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 22 hours after death. Page 4 moy be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, 24, hours ofter death

11 4], İs 3 ' [J Linnin I -1

Inspection X,

(County) (State)

Allegany

01-1

USA

e. IS RESIDENCE ON A FARM?

Sister

INTERVAL BETWEEN

ONSET AND DEATH

H

19 WAS AUTOPS) PERFORMED?

NO T

12 CIT ZEN OF WHAT

COUNTRY?

21. I certify that I taak charge of the remains described above, held an Autopsy Natural causes Accident X Suicide death resulted fram ACTUAL SIGNATURE

Undetermined manner Hamicide CHIEF MEDICAL EXAMINER

Inquiry 💢 ,

22. DATE SIGNED October 24, 1967

and in my apinian

EXAMINER'S NAME (Type)

BENEDICT SKITARELIC, M.D. 23b. DATE THEREOF

23c NAME OF CEMETERY OR CREMATORY

Address (Street, city, tawn, or commberland. 23d LOCATION (City or Town)

Maryland

23o. BURIAL, CREMATION

Oct.26,1967

Davis Memorial Cometery

(County)

24. FUNERAL DIRECTOR

ADDRESS James F. Scarpelli, Cumberland, Md. 25a. REC'D BY REGISTRAR

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

Cumberland . Md.

VR A15ME 6M 1766

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Heolth .

2, and 3 to PM3 Page

form

Examiner's

word "pending" in the (hief Medical

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EXAMINER:

te, writing to

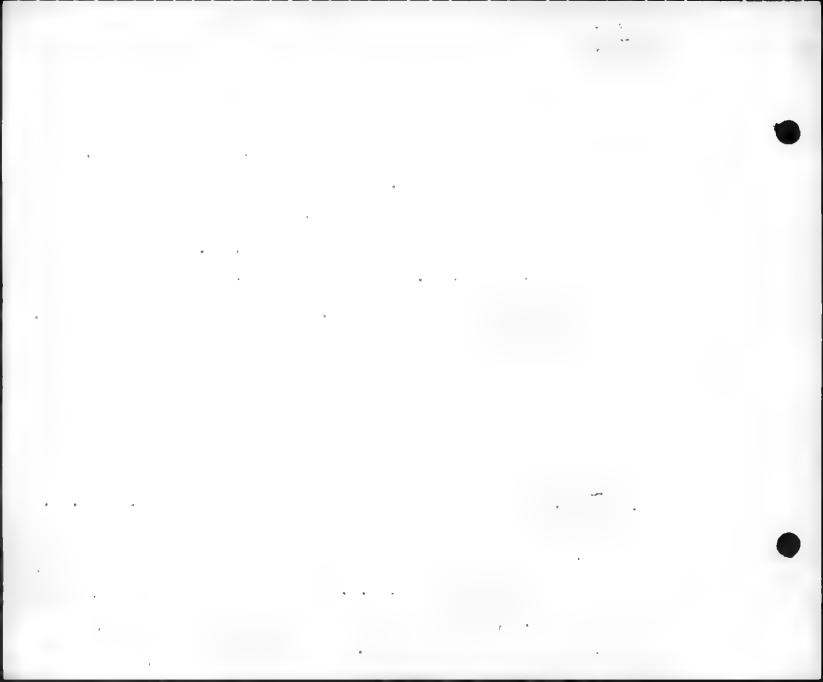
should

funeral director.

deloy

24 hours ofter death

This certificate should be exacuted within



13221

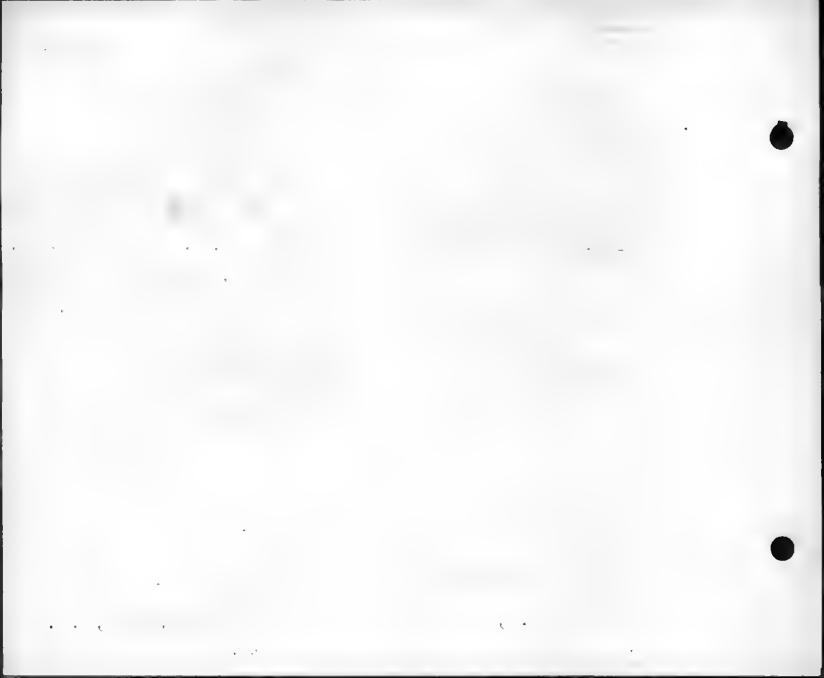
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

13223

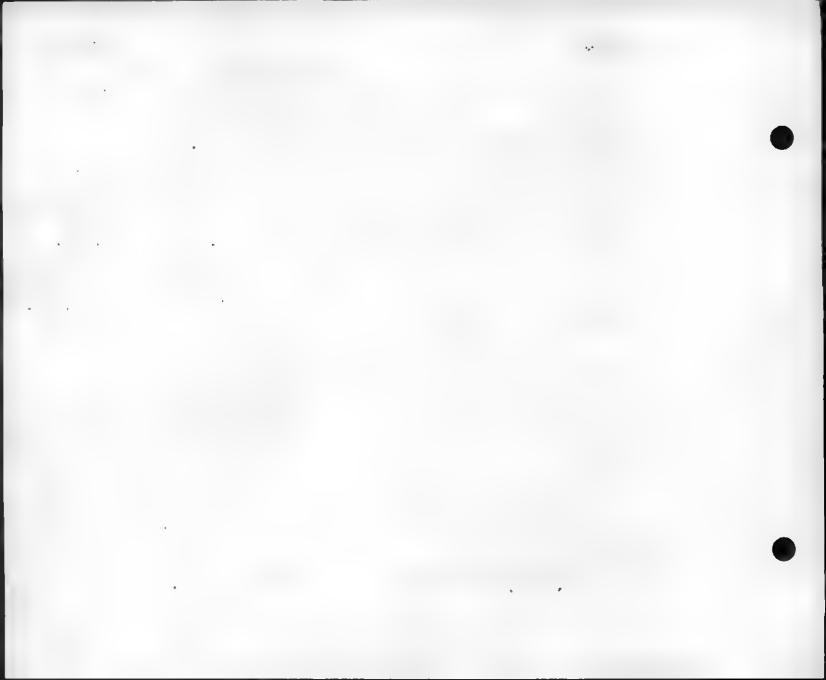
···		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased leved, if institution. Residence before admission)				
		o. COUNTY ALLEGANY	MARYLAND	o. STATE MARYLAND b. COUNTY ALLEGANY				
	_	b CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate imits, write	e RURAL and give nearest fown)			
Šs.		write RURAL and give negrest town) CUMBERLAND	24 DAYS	CUMBERLAND. N	MD.			
to		d. NAME OF HOSPITAL OR INSTITUTION (If not a MEMORIAL HOSP	n hospitol, give street oddress)	d. STREET ADDRESS RT. 1, BOX 448	e IS RESIDENCE ON A FARM? YES NO			
		NAME OF First DECEASED (Type or print) WILL	.IAM Blaine	DADCONC OF	Month Day Year OCTOBER 30 19 67			
	S.	MALE WHITE	7 MARRIED X NEVER MARRIED E E WIDOWED DIVORCED	3-19-05 9 AC yeb	y) Months Doys Hours Min,			
	dur	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) Self-employed Mechan FATHER'S NAME	10b. KIND OF BUSINESS OR AUCOMOBILE	PARSONS, W.VA. 14 MOTHER'S MAIDEN NAME	COUNTRY? U.S.A.			
	43.	ROBERT PARSONS		BERTIE C. JOHNSO	ON			
		WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of s	Address CUMBERLAND, MD.					
		IB. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which gove rise to immediate couse (a), stoting the underlying couse lost (c)	Grown arte	Mer-first	INTERVAL BETWEEN ONSET AND DEATH Let yeurs.			
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTO PERFORM YES 200 ACC DENT WAS LINDERLYING 200 DESCRIBE HOW IN 11/12? OCCUPRED (Enter nature of injury in Part Lor Part L							
	CERT	200 ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED ((Enter nature of injury in Port I or Port I) of item 18				
	MEDICAL	20c TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		CE OF INJURY (Home, form, 20f (City or town ory, street, office bldg., etc.)	n) (County) (State)			
		21. I certify that (I) (this hospit sow the deceased alive on	ol) attended the deceased from	death occurred of 50 AM, from cause	ses and an the date stated above			
		220. SIGNATURE 221. PHYSICIAN'S DR. BLANI NAME (Type) DR. BLANI	SBHINDLER MD	ATTENDING MED STAFF PHYS DIRECTOR D STAFF PHYS 22d. ADDRESSMBERLAND, MD.	22b DATE SIGNED			
J	230	BURIAL, CREMATION, 236. DATE THERE		CREMATORY 23d. LOCATION (City of	or Town) (County) (State) Tucker W. Ve.			
	24	I. FUNERAL DIRECTOR	umberland, Md.	250. RECD BY REGISTRAR 25E	REGISTRAR'S SIGNATURE			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, crematian, or removal, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13224 CERTIFICATE OF DEATH within 24 hours after death PLACE OF DEATH

G. COUNTY ALLEGANY by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. STATE MARYLAND b COUNTY ALL EGANY MARYLAND b CITY OR TOWN (If autside carporote limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
FROS I BURG DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in bospital, give street address) MEMORIAL HOSPITAL d STREET ADDRESS e IS RES DENCE ON A FARM? HILL ST. NO I YES 3. NAME OF 4. DATE EVELYN OCTOBER PLUMMER DECEASED OF (Type or print) DEATH AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 2-5 10 FEMALE WHITE lost (pir holoy) Doys Months Hours WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country)
ECKHART, MD. 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR that the death certificate be 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval, MARY E. HOLSINGER WILLIAM PAPE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give war ar dates at service CUMBERLAND. MD. MEMORIA HOSPITAL. ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per time far (a), (b), and (c). signed by the burial-transit PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave : rise to immediate cause (o). DUE TO stating the underlying cause has been see as the better the priar table PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS ALTOPSY PERFORMED? 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING (C) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20c, TIME OF INJURY Marth, Day, Year (Caunty) (State) While at Work of work factory, street office bldg, etc.) Hour am. TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased from director, page 3 should shauld be filed with the and that death accurred at an the date stated above. sew the decaased alive an 2a SIGNATUR 22b. DATE S GNED DIRECTOR CUMBERLAND, MD. ĎŘ. R.J.WILLIAMS 235 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL CREMATION. (County) (Stote) REMOVAL (Specify) ECKHART MARYLAND 2Sd. REC'D BY REGISTRAR 1967 SOWERS HAFER-SOWERS W. MAIN. FROSTBURG 25M 1/67 HOME 60 DATE



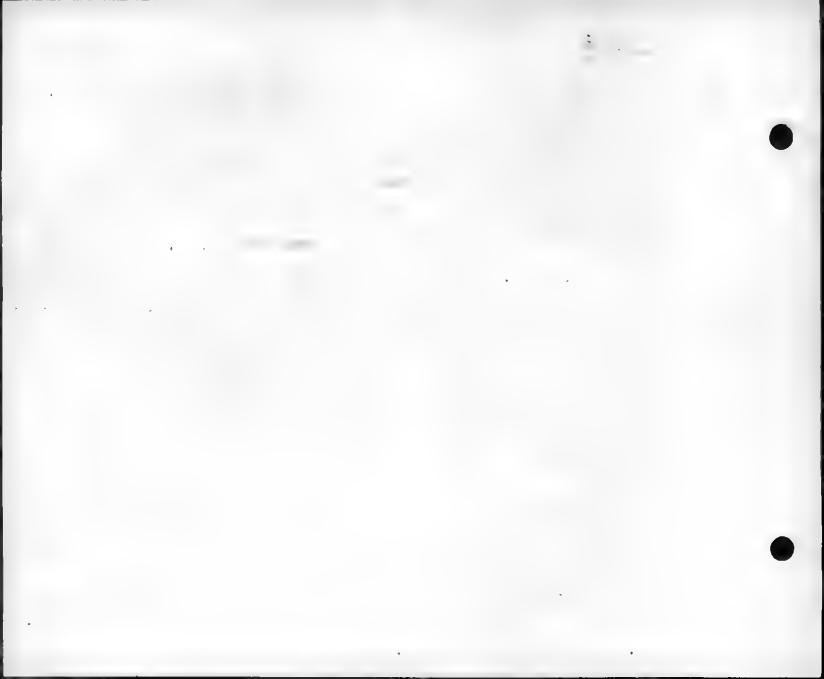
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Poge 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

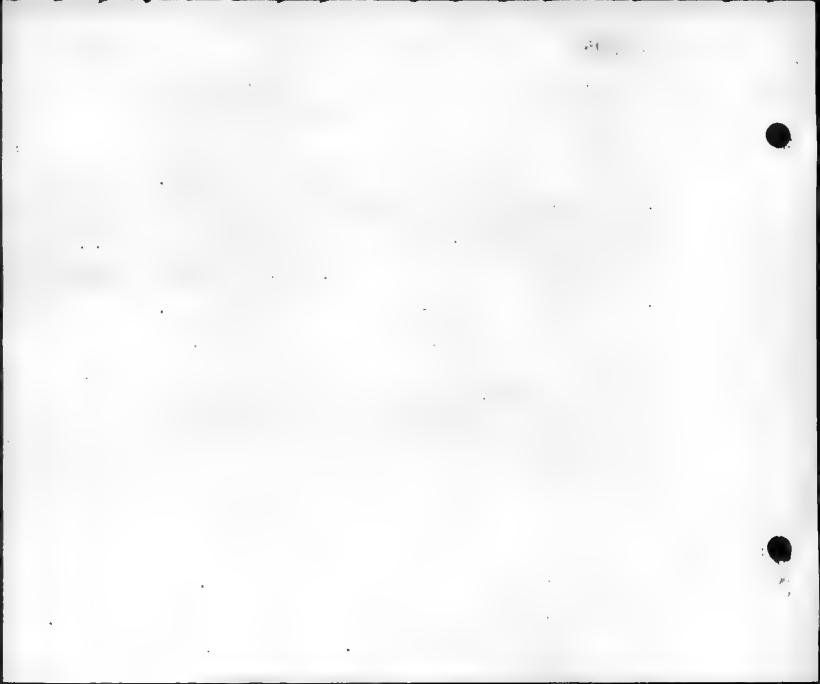
CERTIFICATE OF DEATH

	PLACE OF DEATH o. COUNTY						E (Where deceased lived, if institution: Residence before admission)
		ALLEGANY		MARYLA	IND	o STATE MAR	YLAND ALLEGANY
	b CITY OR TOWN (If outside corporate limits,		c LENGTH OF STAY IN	16	c. CITY OR TOWN (If	autside corporate fimits, write RURAL and give nearest town)
		CUMBERL AND		212 DAYS		CUM	BERLAND
	d. NAME OF HOSPIT.	AL OR INSTITUTION (If not		· · · · · · · · · · · · · · · · · · ·		d STREET ADDRESS	e 15 RESIDENCE On A FARM?
		MEMORIAL H	HOSPI	TAL		101	GREENE STREET YES NO N
	NAME OF DECEASED	First		Middle		Lost	4 DATE Month Doy Year
	(Type or print)	EUGENIA		Hortense		POLING	DEATH OCTOBER 8, 19 67
1 _	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		L DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS I Super State I Super
	EMALE	WHITE		DIVORCED	67	10-245	1876 90 yrs.]
	ing most of working	(Give kind of work done life, even if retired)		ID OF BUSINESS OR PUSTRY IN NOME			ty & State, or foreign country) 12 (IT ZEN OF WHAT COUNTRY? USA
	HOUS ELVI	che	- Ow	in home			
13.	. FRIMEK 3 NAME	IOHN D				14. MOTHER'S MAIDE	
15	WAS DECEASED EVE	JOHN P.		OCIAL SECURITY NO	1 17 1	NFORMANT	Address
(₹€	es, po, er unknown)	(If yes give wor or dotes of s	ervice)		17. 1	MEMORI	THE PROPERTY OF THE PARTY OF TH
-				None	1	METIONIA	_INTERVAL BETWEEN
	PART I. DEAT	EATH (Enter only one couse TH WAS CAUSED BY:	13.	(a), (b), anay(1)	, (11091	ONSET AND DEATH
	f v 6 3	IMMEDIATE CAUSE (o) DUE TO		1 och	,	(2)	Luncola Tare 1 -> C
	Conditions, if ony,	, which gove) (6)	He-	ul rate	-5.	1/62	Terroretion 112
	rise to immediat)		/	9.000	
	lost.	(c))				
z	PART II. OTHER SI	GNIFICANT CONDITIONS CON	TRIBUTING TO	D DEATH BUT NOT RELAT	ED TO T	HE TERMINAL DISEASE O	CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED?
MEDICAL CERTIFICATION					,	T _A	YES NO
RTIFIC	200 ACCIDENT WAS	S UNDERLYING CAUSE OF DEATH	20b DES	CRIBE HOW INJURY OCCI	URRED (Enter noture of injury i	in Port Lor Port Lof item 18)
(E)	(IF EITHER, NOTIFY	MEDICAL EXAMINER)					-
DICA	20c TIME OF INJU	JRY Month, Doy, Year				E OF INJURY (Home, fo	
N N	pn	n 19		Not While of work		CT.	antighthey lit
		fy that (I) (this hospit	tol) attend	ed the deceased fr	om#/	7/02"	, 19 to
1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	eceased alive an	2/7	19, an	d that	death accurred o	
220. SIGNADIRE M.D. AITENDING MED STAFF 22b DATE SIGNED 22d ADDRESS 22d ADDRESS							
230	BURIAL, CREMATIC	W		23c NAME OF CEMETE	RY OR (23d LOCATION (City or Town) (County) (Stote)
	REMOVAL (Specify			Rose Hill			Cumberland, Allegany, Md.
24	I. FUNERAL DIRECTO	R		ADDRESS	001	2So RE	C'D BY REGISTRAR 250 REGISTRARS, SIGNATURE
	H. Wayr	ie George Cun	nberla	nd, Md.		Ostad	C1 19 1991



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Allegany by the pages I Allegany hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
rural Barton c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours rural Barton .⊑ filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) B. IS RESIDENCE ON A FARM? d. STREET ADDRESS paper Within YES NO X etely NAME OF First Middle Last 4. DATE Month Day Year DECEASED event, comple ve car Rav Alton Preston (Type or print) OEATH Cot. 1957 **Execute** 6. COLOR OR RACE | 7. MARRIED [X] 5. SEX and con remove 1 any eve DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IIF UNDER 24 HRS. **NEVER MARRIED** last birthday) Months Days Hours White Male 29. 05/57yrs. WIDOWED DIVORCED nding physician a Then please re removal, and in a 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) Roofing U.S.A. Laborer Allegany-Maryland curtificatu 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME been signed by the attending the burial-transit permit. Then ir to burial, cremation, or remo-Charles Preston Amev Metz 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address death (Yes, no, or unknwn) (If yes give war or dates of service) Alta Preston-Barton. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. The law requires that Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the has be as th prior 1 oscleros underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY R. After this certificate hould be detached for use the State Dept. of Health p PERFORMED? CERTIFICATI NOY YES PHYSICIAN: 208, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) MEDI Hour a.m. Not While at work retained by p.m. at work DIRECTOR: / 21. I certify that (i) (this hospital) attended the deceased from 1960. Le to that (I) (we) last 19 6 and that death occurred at:11 saw the deceased alive on DM. from the causes and on the date stated above. 22a. SIGNATUR 22b. DATE SIGNED page ATTENDING STAFF PHYS. DIRECTOR M.D. 4 may director, pag should be fill 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Leslie Lonaconing. Md. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BREMOVAL (Specify) Salisbury Salisbury Pa. ADDRESS 24. FUNERAL DIRECTOR REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE Westernport, Md. VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEET! PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. COUNTY o STATE b COUNTY ALLEGANY MARYLAND ALLEGANY P.M.3 Page MARYLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate I mits, wite RIRA, and ave nearest town) 34 DAYS FROSTBURG d. STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) MINERS HOSPITAL 117 W. MAIN ST. YES NO X after death × ₽ 3 NAME OF M ditle 4. DATE Frst Lost DECEASED RACE EMMA OCTOBER 67 10, (Type or print) 5 SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR 1F UNDER 24 HRS 7 MARRIED NEVER MARRIED last birthday) Doys Hours FEMALE WHITE OCT. 1, 1882 WIDOWED A D VORCED 11 BIRTHPLACE (State or foreign country) 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT U.S.A. during most of working the even if refired)
HOUSE WORK MARYLAND 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within THOMAS EVANS MARY A. LANGFORD S WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO 7 INFORMANT It'es no, or unknown) [If yes give war or dotes of service] removal 213-09-6485A PERCY E. RACE, FROSTBURG, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) certificate should cremation, **DUE TO** Conditions, if only which gove it nse to immediate couse (o). DUE TO stoting the underlying couse 19 WAS AUTOPS) PART II, OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (6) PERFORMED? NO X 200. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of noury in Port II or Port II of tem 18) CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) Haur om. foctory, street, office b dg , etc) Nat While Not work of work 2) I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry 5d. and in my apinian the funeral director. death resulted fram: Natural causes , Accident 🗙 Suicide 🗍 Hamicide 🗍 Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATUR DEPUTY MEDICAL EXAMINER **EXAMINER'S** BENEDICT SKITARELIC. MD. Address (Street city, fown, or county RD9, CUMBERIAND, MD. Health (NAME (Type) 230 BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 40.0 BUR IAL OCT. 12, 1967 FBG. MEMORIAL PARK FROSTBURG, MD. ADDRESS 2So. REC D BY REGISTRAR 2Sb REGISTRAR'S S GNATURE 24 FUNERAL DIRECTOR Misules VR A15ME (5) JOSEPH R. DURST, SR., FROSTBURG, MD. 21532 DATE OCT 16



24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signe™ by the attending physician ™nd campletelf fitted in by the funeral directar, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and the filed with the State Dept af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after dept TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13226

CERTIFICATE OF DEATH

,	-									
		PLACE OF DEATH			here deceased lived, if institution Residi	ence befare admissian)				
		ALLEGANY	MARYLAND	STATE MARY	LAND 6 COUNTY AL	LEGANY				
	ŀ	CITY OR TOWN (If autside corparate limits,	c LENGTH OF STAY IN 16		side carporate limits, write RURAL and g	ive negrest town)				
		write RURAL and give nearest town) CUMBERLAND	3 DAYS	CUMB	ERLAND					
	١-,	NAME OF HOSPITAL OR INSTITUTION (If not in haspital, g		d STREET ADDRESS		e IS RESIDENCE				
		MEMORIAL HOSPITAL		1	MC MULLEN HIGH	VAY YES NO T				
		NAME OF First	Middle	Last	4 DATE Manth	Day Year				
	(ARSHELL.	ROBOSSON	DEATH OCT.	8, 19 67.				
	S. S	SEX 6. COLOR OR RACE 7, MARRIED	NEVER MARRIED 🔽	B. DATE OF BIRTH		R 1 YEAR OF UNDER 24 HRS.				
		MALE WHITE WIDOWED	DIVORCED 🗍	11-14-191	9 47 yrs Months	Days Haurs Min				
			ND OF BUSINESS OR	11 BIRTHPLACE (County &	State, or fareign cauntry) 12 (TITIZEN OF WHAT				
	durii Fi	ng most of warking life, even if retired) Employee- Kelly Springfiel	olstry d Time Co	MARYLANI	n c	OUNTRY?				
		FATHER'S NAME	W TTIE OO	14 MOTHER'S MAIDEN NA	AME	0.3.A.				
		THOMAS P. ROBOSSON		ΔΝΝΔ Ρ.	ROBINETTE					
	15.	WAS DECEASED EVER IN U.S. ARMED EORCES? 16.5	OCIAL SECURITY NO 17. I	NFORMANT	Address					
	(163	s, na, ar unknown) (If yes give war ar dates af service)	SPITAL - CUMBE	RLAND MD						
		NO 217-10-5911 MEMORIAL HOSPITAL - CUMBE 18 CAUSE OF DEATH (Enter only one cause per ling for (o), (b), and (c).)								
		PART I. DEATH WAS CAUSED BY	INTERVAL BETWEEN ONSET AND DEATH							
		X IMMEDIATE CAUSE (a)	11		100	0				
		Canditions, if any, which gove)	tare t	- llo bain	4 month					
		rise ta immediate cause (a),	1 .0000	31 72 1	7	7				
		stating the underlying couse								
						The water transaction				
,	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING F	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?				
şk.	FICATION					YES NO				
	E81	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Pr	art I ar Port II of Item 18)					
	MEDICAL	2Dc TIME OF INJURY Month, Day, Year 20d IN		CE OF INJURY (Hame, Farm,	2Df (City ar tawn) (C	ounty) (State)				
	MEE	Haur a.m. While p.m. 19 at wark		ary, street, affice bldg , etc.)						
	ŀ	21 certify that (I) (this haspital) attend		-5 19	10-8 10	6 1 that 111 (was last				
		saw the deceased alive an 105.7			2:25M,ArarMcauses and an	the date stated above				
	ŀ	22g SIGNATURE		acom accorda a 3		DATE SIGNED				
		1/16/10	2 ₂ M.C	PHYS	MED STAFF DIRECTOR PHYS.	0/9/67				
1		22c. PHYSICIAN S		22d ADDRESS	-411	1				
) (NAME (Type)DR. I. DROSS		456 N.	CENTRE ST. CUM	BERLAND, MD				
	230	BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Tawn)	(County) (State)				
		REMOVAL (Sacrify) 10/11/67	Hillcrest Bu	rial Park	Cumberland Alleg	, ,,				
9	24	FUNERAL DIRECTOR	ADDRESS	2So RECD.						
	H	Lee Silcox Cumberland.	Maryland 2150	DATE OF	1 1 1264	. 0				
			TOTAL VIOLET (10)	L POIL						



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

HEALTH D

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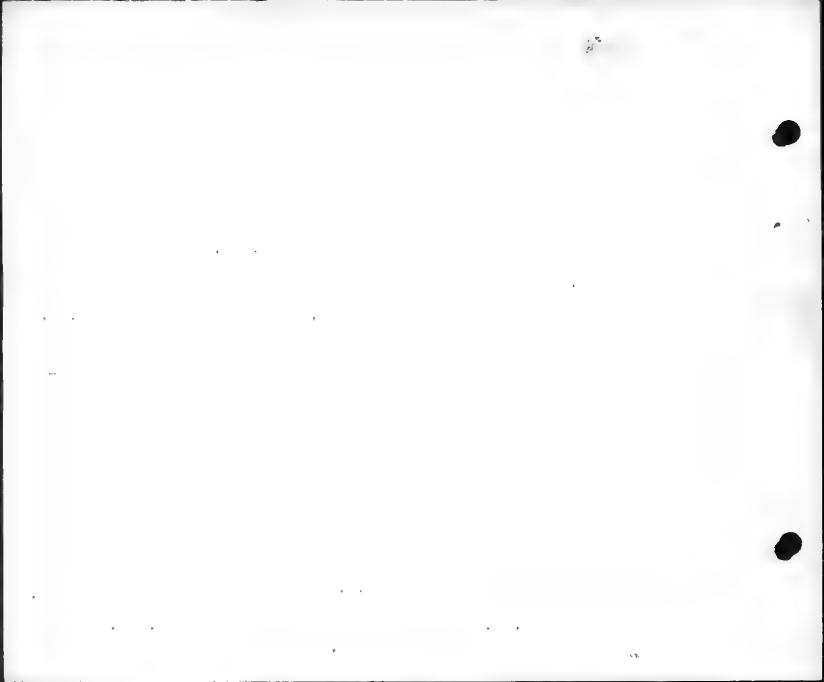
This certificate shauld be executed with n 24 hours after death 1.

TAL EXAMINER:

TO DEPUTY

A morning

FOR STATE		13228	MEDICAL EXAMINER'S	CERTIFICATE OF DEAT	/H	13230
EALTH DEPT.	T	PLACE OF DEATH COUNTY Allegany	MARYLAND	2 USUAL RESIDENCE (Where deced	sed lived, if institution. Reside nia BCOUNTY Bed	nce before admission)
2, and 3 to 2, and 3 to PM3 Page partment of		b CITY OR TOWN (foutside carparate limits, Cumbertand	C LENGTH OF STAY IN 16	c CITY OR TOWN (If autside carpore Hyndma	ate I m is, write RUKAL and giv	ve nearest lawn)
		NAME OF HOSPITAL OR INSTITUTION (If not		d STREET ADDRESS		B IS RESIDENCE ON A FARM?
State of hours		Memorial Hospit	al			YES NO
25			William Sarver	Lost 4 DATE OF DEATH	October 2	Day Year 1967
		Male White	WIDOWED D VORCED	June 16, 1910		Days Hours Man.
n n 24 hours nail in Item 18 niner's Office pages I and 2 v in any event	M	USUAL OCCUPATION (G ve kind of work done ing most of working life, even if retired)	10b. KIND OF BUSINESS OR B&O Railroad	Fairhope, Pa.		OUNTRY? USA
Frie and		Ross M. Sarver WAS DECEASED EVER JA US ARMED FORCES?	16. SOCIAL SECURITY NO. 17 1	14. MOTHER'S MAIDEN NAME Ivana Mil NFORMANT	ler Sarver	
be executed "pending" in ief Medical E nsit permit F ar remaval, o	(Ye	s, na, ar unknawn) (If yes give war ar dates af : No	209-09-1769	Mrs. Clarence		
"pe "pe inef		18. CAUSE OF DEATH (Enter on y one couse PART I DEATH WAS CAUSED BY IMMED ATE CAUSE (or DUE TO THE TOTAL OF T	Corona	ry Occlusion		INTERVAL BETWEEN SONSET AND DEATH SUGGEN
ing the ded 1 ded 1 crei	ATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse last	Coro	nary Sclerosi	8	title one one gap
ate, writing of farwarde be used as ta burial, c		PART I OTHER SIGNIF. CAN'T CONDITIONS CON	NTR BUT NOT TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION G VE	N IN PART 1(c)	19 WAS AUTOPSY PERFORMED? YES NO K
Prior Prior	I CERTIF CATION	20a EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH	206 DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I ar Par	t II of item 18)	
Z = V =	MEDICAL	20c TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19		CE OF INJURY (Hame, farm, ary, street, affice bldg, etc.)	(City or town) (Ca	(Ytnuc
necessary, please execute the the funeral director. Page 4 st 5 may be retained far yaur fit 10 FUNERAL DIRECTOR: Page 3 Health or its designated agen		death resulted fram: Natural ACTUAL SIGNATURE Best dec	of the remains described above, he causes A. Accident , Suici	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINE DEPUTY MEDICAL EXAMINER	ndetermined manner [22. DATE SIGNED 25. 1967
TO FU	В	BUR AL, (REMATION, REMOVAL (Specify) 1P1A1 BUR AL, (REMATION, 23b DAYE THERE CCt. 2	23c NAME OF CEMETERY OR 6	CREMATORY 23d LO	cation (Cty or Town)	(County) (State)
VR A15ME (5) 6M 1/66	24	FUNERAL DIRECTOR Leist	ADDRESS	25g REC D BY REGISTE	RAR 2Sb REGISTRARS	SIGNATURE



Page 4 may be retained by the hospital ar attending physician.

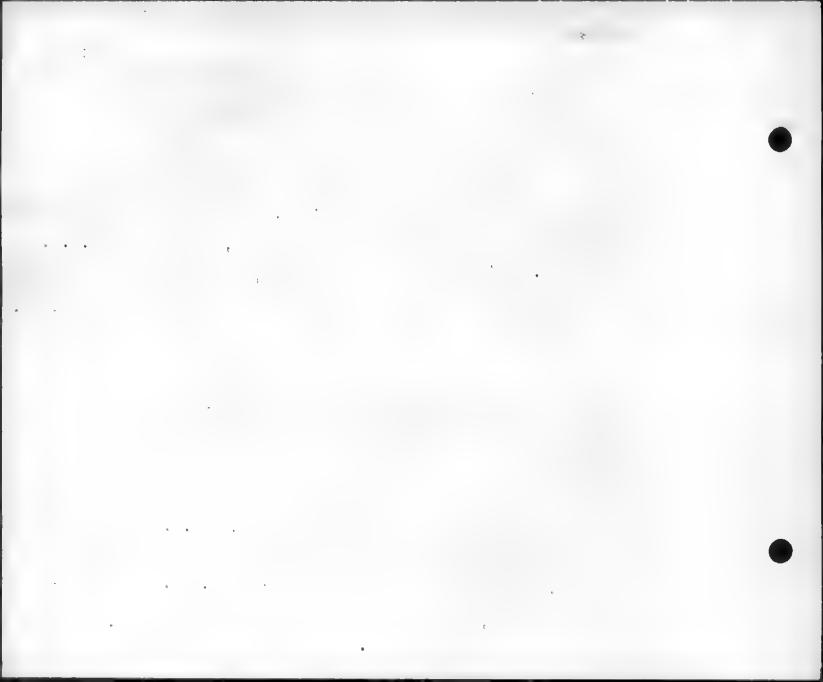
VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

						A LUCYLL L				
	PLACE OF DEAT o. COUNTY	Н			Where deceased lived, if institution b. COUNTY					
	d. CODNII	ALLEGANY	MARYLAND	WAR	YLAND B. COUNTY	ALLEGANY				
		N (If outside corporate limits, and give negrest town)	c. LENGTH OF STAY IN 16		itside corporate limits, write RURA.	and give nearest tawn)				
		ERLAND	3 DAYS	CUMBI	ERLAND	, ,				
	d NAME OF HO	SPITAL OR INSTITUTION (If not in haspite	al, give street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?				
^	MEMO	RIAL HOSPITAL		58 W	EMPE DRIVE	YES NO E				
	3 NAME OF DECEASED	First	Middle	Lost	4 DATE Month	BER 18 Year 67				
	(Type or pnnt)	HOMER		SELLERS	DEATH OCTOL	IA .				
	S SEX	6 COLOR OR RACE / MARRII		8 DATE OF BIRTH	last huntrians)	FUNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.				
	MALE	WHITE WIDOW	762	10-31-9						
	during most of work	(10N (Give kind of work dane ing life, even if retired)	INDUSTRY Textile	OUMBERLA	& State, or Foreign country) ND, MARYLAND	12 CITZEN OF WHAT COUNTRYS . A.				
	13. FATHER'S NAM CHA	RLES A. SELLER		14. MOTHER'S MAIDEN KATHERI						
	15 WAS DECEASED	CVED IN H.S. ADMED CODVECS		INFORMANT	Address					
	(Yes, pa, ar unknow Yes	(If yes give war ar dates of service) War I	217-10-5343			MBERLAND, MD.				
	18. CAUSE OF	DEATH (Enter only one cause per line DEATH WAS CAUSED BY.		ardiae	English	INTERVAL BETWEEN ONSET AND DEATH				
		IMMEDIATE CAUSE (o)	Laure a	muae	1 and	15min				
	Conditions if	DUE TO	Dungania	(ans	tecte	Uma				
	rise ta immed	rise to immediate cause (a), ()								
	last.	(c)	Coronary	Heart	Disease	2741				
ر	PART II. OTHER	SIGNIFICANT CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDIT ON GIVEN IN PART 1(a)	19 WAYALTOPSY PERFORMED?				
ت	S 200 ACCIDENT	WAS UNDERLYING □ 20b	DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Part 1 or Part II of item 19)	YES NO				
	OR CONTRIBUTE	ING CAUSE OF DEATH IFY MEDICAL EXAMINER)	DESCRIBE HOW INDON'S OCCORNED	frues nosters of miles y	ruit fui fuit ii oi heii ig j					
	ZOC TIME OF Hour	,,		CE OF INJURY (Hame, farn		(County) (State)				
	*	10	hile Not While I fact	tory, sizeer, diffice blog., etc	1					
		rtify that (I) (this haspital) att	ended the deceased fram	June !	967 10 Per 18	, 19 4 7 , that (1) (we) la				
		deceased alive an Clif	18 19 GZ, and tha	t death accurred at	6:40M, From Causes an					
	22o. SIGNATU	RE O Dens &	Sourcet M	ATTENDING PHYS	MED STAFF DIRECTOR PHYS	226 DATE SIGNED				
,	22c. PHYSICIA	N'S		22d. ADDRESS CUMBE F		-1110/				
	NAME (T	DR. CLAY DUF	RETT	CUMBER	RLAND, MD.	•				
	23a. BURIAL, CREM.	(1)	23c NAME OF CEMETERY OR		23d LOCATION (City or Town	(County) (State)				
2	Betwo Avi (De	2000			Cumberland,					
	24. FUNERAL DIRE	gor F. Scarpelli,Cum	berland. Md.			STRARS SIGNATURE				
	oames.	wowspossery		DATE O	CT 2 4 1967 80	San Market				



5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriol transit perm t. File pages land 2 with the State Department of

Health prior to buriol, tremation, or removal, and in ony event within 72 hours after death

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form TMA. necessory, please execute the certificate, writing the word "pending" in penal in Item 18 Give Pages 1, 2,

Poge 3 to

ond

This certificate should be executed within 24 hours after death. If any delay is

TO DEPUTY MEDICAL EXAMINER:

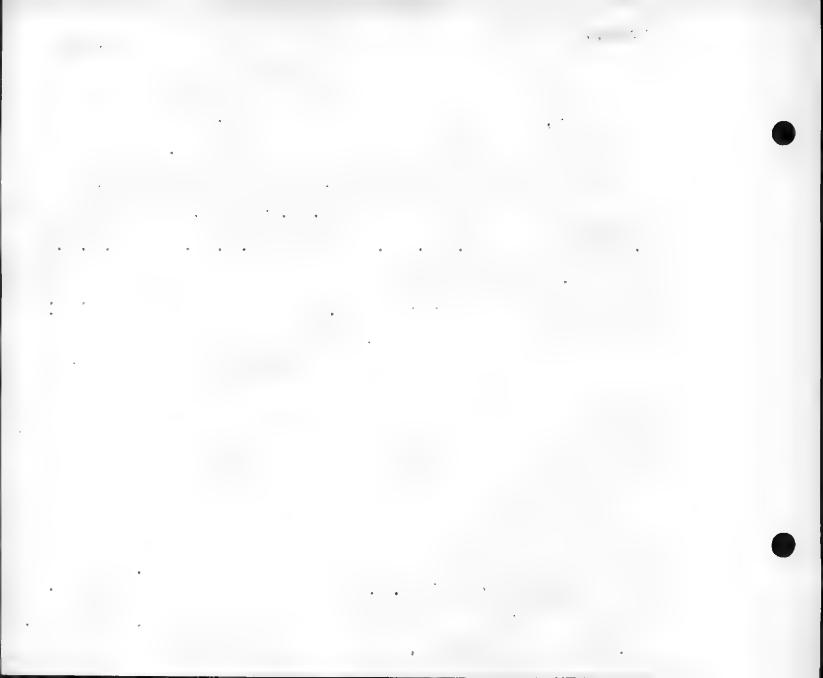
VR A15ME (5)

13230

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EVAMINED'S CEDTICICATE OF DEATH

			INLU	ICAL EXAMINER	3 CERTIFI	TAIL OF DEA	4111	TO	KJK.	
1.	PLACE OF DEATH					ESIDENCE (Where dece			before odn	nission)
	o. COUNTY	Allegany		MARYLANI	o. STATE	Maryland	£ b. coul	NTY All	egany	1
	b CITY OR TOWN (I	flouts de corporate mit	is,	C. LENGTH OF STAY N To	c CITY OR	TOWN (flourside corpo	orote limits, write Ru			
	Cumbe	give negrest town)		5 days	C	unberland.			1	-
	d NAME OF HOSPITA	AL OR INSTITUTION (If n	ot in hospitol, g		d. STREET A	DDRESS			0 5	RESIDENCE
	Memori	ial Hospita	il		8.	33 Columbi	a Ave.		YES	A FARM?
3	NAME OF	F	nrst	Middle	Lost	4 DATE	E Mon	th	Doy	Year
	(Type or print)	Arl	Leu	Delbert	Shew	nan of	TH Octobe	r 30.		19 67
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B DATE OF B		9 AGE (In years	IF UNDER TY		NDER 24 HRS
	Male	White	WIDOWED	DIVORCED	Dec. 2	1. 1889	lost birthdoy) yrs.	Months	Doys Ho	urs Min.
1()	o USUAL OCCUPATION	(Give kind of work done	10b. KI	ND OF BUS NESS OR	11 BIRTH	PLACE (State or foreign	(country)		ZEN OF WHA	4T
dy	ring most of working	lite, even if retired) ZMAROL	BIN	DUSTRY RWY.	Barb	owr Co. W.	Va	u.cou	S. A.	
	FATHER'S NAME					R'S MAIDEN NAME				
	William	n E. Sherma	ın		Ca	tharine Bo	luard			
15	WAS DECEASED EVE	RINT, S. ARMED FORCES?	1 16	SOCIAL SECURITY NO	17 INFORMANT		Adar	ess	J. 113	,
(1	es, no, or unknown)	(if yes give wor or dotes	of service) 7	05-12-4708	Mrs. Gill	bert Markw	ood 833 C	olumbi.	ib. Md .a. Aue	•
		ATH (Enter only one co							INTERVAL	BETWEEN
	PART I. DEAT	'H WAS CAUSED BY. IMMED ATE CAUSE	(0)	Cerebru	al Henor	vrhage			4 ^{PNSH} da	ND DEATH
	1751		TO		-					
	Conditions, if ony,		(b)	Hyperti	ensive Co	vrdiovas cu	lar Disea	se	Yea	rs
	rise to immediat stating the under		TO							
	lost.)	(c)							
Z	PART II OTHER SH	GN FICANT COND TIONS	CONTRIBUTING 1	O DEATH BUT NOT RELATED	TO THE TERMINAL	DISEASE COND T ON G	VEN IN PART 1(o)		19 WAS	AUTOPSY ORMED?
TATIO									YES	NO 🔀
CERT F CATION	200 EXTERNAL CA PRIMARY ☐ or COI		20b DE	SCRIBE HOW INJURY OCCUR	RED (Enter noture	of injury in Port I or F	Port 1 of tem 8)			
		TRIBOTINO (
MEDICAL	20c T.ME OF .N. C.	RY Month, Doy, Year			PLACE OF INJURY		(City or town)	(Coun	ity)	(Stote)
×	p n	10	While of world		foctory, street, offi	te blog., etc.)				
	21 certify	y that I took charg	e of the rer	nains described abave	e, held an Auta	psy , Inspe	ctian X, Inqu	uiry 📆,	and in	my apiniai
	deoth result	ed from Natur	al causes 🛭	Accident,	Suicide [],	Hom ade	Undetermined in	ianner 🗌		
	107011	2	1 1	101	/	IEF MEDICAL EXAMINER	₹ 🔲			
	ACTUAL	Denedu	2/ V	Kitarel		SISTANT MEDICAL EXAM	() () ()	. 30.		DATE SIGNED
	EXAMINER'S	70 - 11 - 4	01. * 4-1.	. 0	DE	PUTY MEDICAL EXAMIN				1
_	NAME (Type)			elic, M. D.		dress (Street, city, tow				
23	BURIA CREMATIC	\		23c NAME OF CEMETERY			.OCATION (City or To		County)	(Stote)
-	BULLAL PUNERAL DIRECTO	1 1 7 5 7 5) /	Rose Hill	cemetery	2So REC D BY REGI	Cumberland ISTRAR 1967	ALLE	gany	Md.
1			Cumbe	rland. Maryl	and	DATE NOV 6	1987	Clian	Car Jan	wish
4	II & VY ULD	THE OCUPY	2021100	DUNNING THE PLANE	mak Prop	D W COLL STATE	100 0014 /	1	- //	()



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) the funeral PLACE OF DEATH o. STATE b. COUNTY o. COUNTY ALLEGANY ALLEGANY MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours 36 DAYS **CUMBERLAND** e. IS RES DENCE d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) ON A FARM? filled 133 1/2 N. CENTRE STREET DOD! SACRED HEART HOSPITAL YES NO X within 3. NAME OF Middle Last DATE Month Dov Year First campletely DECEASED SMITH 67 DELCIE S. 10 19 (Type or print) DEATH COL requires that the death certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED birthdoy) Months Doys Hours in any 10-2-09 FEMALE WHITE DIVORCED MIDOWED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? INDUSTRY physician c nen please and ELK GARDEN. W.VA. U.S. MACHINE OPERATOR CELANESE CORP 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME remayal, MURPHY JAMES H. SOLLARS ELIZABETH IS. WAS DECFASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT SACRED HEART HOSPITAL (Yes, no, or unknown) (If yes give wor or dotes of service ğ 219-03-8787 HOSPITAL RECORD- 900 SETON DRIVE, CUMB. MD. signed by the atter burial-transit perm burial, crematian, a NO INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) CHIET AND DEATH PART I. DEATH WAS CAUSED BY: FAILLIE IMMEDIATE CAUSE (o) DUE TO CHRCINERIA Conditions, if ony, which gove rise to immediate couse (o), Tura lith DUE TO far use as the E Health priartab stoting the underlying couse attending STUBIALIA ADVANCED has been 11 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS'
PERFORMED? YES NO TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for up OR ATTENDING PHYSICIAN: 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 1) of item 1B.) 200 ACCIDENT WAS JNDERLYING [OR CONTRIBUTING CAUSE OF DEATH Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o.m. foctory, street, office bldg , etc.) Not While 21 | certify that (1) (this hospital) attended the deceased from 1967 and that death accurred at / M. from causes and an the date stated above. 16 saw the deceased alive an 22b DATE SIGNED 22o. SIGNATURE CCT 44-1467 director, page 3 shauld be filed v MULLE M.D DIRECTOR PHYS O HOSPITAL R. SCHINDLER ST., CUMB., MD. 21502 NAME (Type) DR. 23d LOCATION (City of Town) 23o. BURIAL EREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) Hartsmansville Family TP.D SIKGARden 250. REC D BY REGISTRAR 24 FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATUR PRITTS FUNERAL HOME, KITZMILLER, MARYLAND VR A15 (4) 25M 1/67 6

1 1/1 S 7 1 1/2 S 7 1 1 1/2 S 7 1 1 1/2 S 7 1 1 1/2 S 7 1 1 1/2 S 7 1 1 1/2 S 7 1 1 1/2 S 7 1 1 1/2 S 7 1 1 1/2 S 7 1 1 1/2 S 7 1 1 1/2 S 7 1 1 1/2 S 7 1 1 1/2 S 7 1 1 1/2 S 7 1 1 1/2 S 7 1 1/2 S 7 1 1 1/2 S 7 1 1 1/2 S 7 1 1 1/2 S 7 1 1 1/2 S 7 1 1 1/2 S 7 1 1 1/2 S 7 1 1 1/2 S 7 1 1 1/2 S 7 1 1 1/2 S 7 1 1 1/2 S 7 1 1/2 S

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

13232		CERTIFICAT	E OF DEATH		13234
a COUNTY	Allegany	MARYLAND		Where deceased lived, if institu yland b COU	ition. Residence before odmission) NIY Allegany
	(If outside corporate limits, nd give nearest town) 1 1 2 10	12/2/1963		otside corporate limits, write RU berland	JRAL and give nearest town)
	TALOR INSTITUTION (If not in hor your ty Inc.)		d. STREET ADDRESS	k Street	e IS RESIDENCE ON A FARM? YES NO X
3 NAME OF DECEASED (Type or print)	Mary	Margaret	Smith	4. DATE Mor	
s. sex Female	185-2 + A	ARRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH 6/6/1887	9 AGE (In years 80 birthday) yrs.	FUNDER YEAR FUNDER 24 HRS. Months Days Hours Min
Retired:	On (Give kind of work done of the, even if retired) Presser—San	Tord Cleaning	Ohio	& State, or foreign country)	12 CIT ZEN OF WHAT COUNTRY?
13 FATHER'S NAME David	Twigg	ablishment	14 MOTHER'S MAIDEN	ESTREET ON A	Ellen Pittman
1S. WAS DECEASED ET (Yes, no, or unknown No	/ER IN U.S. ARMED FORCES? (If yes give war ar dates af servi	16. SOCIAL SECURITY NO. 17	informantP.O.B llegany Co	unty Infirm	arland, Md. 2150 ary records.
	DEATH (Enter only one couse per ATH WAS CAUSED BY IMMEDIATE CAUSE (a)	line for (o), (b), and (c)) Abute Original	-vascular	recident	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if or rise to immedia	10 10000 (0)	Renta C.V.A. =	Henriplegia	At.	4 yrs.
stating the und	erlying couse DUE TO	arterio-9	cleroses	4	grang years
PART II. OTHER	SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in	Port I or Part II of item 1B)	
Hour d	.m. 19	While Not While of work of work	ACE OF INJURY (Hame, form octory, street, affice bldg., etc)	(County) (Stote)
saw the	deceased alive an 10/		at death accurred at	P. M, fram causes	67, 19, that (I) (we) la and an the date stated above
220. SIGNATUR	Colle a	y /	ATTENDING PHYS.	MED STAFF DIRECTOR PHYS	22b. DATE SIGNED 10/24/1967
22c. PHYSICIAN NAME (Typ	e) /John A. T	opper, M. D.			Cumberland, Md.
230 BURIAL CREMAT REMOVAL (Speci	10/26/196		t Cemetery	23d. LOCATION (City or To Near Cumber	rland Alleg Mot
John John	J. Hafer, Jr	ADDRESS 230 Balto Ave. C	Md		legistrar's signature

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24-hours after death.

Page 4 may be retained by the hospital or attending physicion.



O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. oggepopers. Pag ond in ony removol. ò signed by the buriol-transit buriol, cremati has been certificate for detoched TO FUNERAL DIRECTOR: After director, page should be filed

VR A15 (4)

H. Wayne George

Cumberland. Md.

3233 CERTIFICATE OF DEATH 13235 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE Maryland Allegany b. COUNTY Allegany MARYLAND b CITY DR TOWN (If outside corporate limits, write RURAL and give neorest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENC DN A FARM? Allegany County Infirmary 106 Decatur Street NO X YES NAME OF First 4 DATE Month Dov Year DECEASED Ida Myrtle Steele October 67 (Type or print) 6. COLOR OR RACE AGE (In years IF JNDER YEAR IF UNDER 24 HRS 7. MARRIED DATE OF BIRTH NEVER MARRIED last birthdoy) Months White Doys Hours Female WIDOWED X DIVORCED 12 CITIZEN OF WHAT COUNTRY? 106 KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) during most of working rife, even if retired)
Housewiie Olypystry ome Saxton, Penna .TT 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME Jacob College 21502 Margaret McLane 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT P.O. Box 599. Cumberland. Md. 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) Allegany County Infirmary records. None 1B. CAUSE OF DEATH (Enter only one couse per line for (c), (b), and (c)) NTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE to DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES NO 20o. ACCIDENT WAS UNDERLYING Ob DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 20e. PLACE DF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work 21. I certify that (I) (this haspital) attended the deceased fram __, that (I) (we) last and that death accurred at P. M, from causes and an the date stated above saw the deceased alive an 22g SIGNATURE 22b DATE SIGNED 10/18/1967 DIRECTOR PHYS 22d. ADDRESS M. Simons, M. D. Memorial Hospital, Cumberland 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION 23d LOCATION (City or Town) (County) (Stote) Hillcrest Burial Park 10/20/67 Cumberland, Allegany. 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE

y I + 1 · -0 MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND requires that the death certificate be executed within 24 hours after b CITY OR TOWN (f outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) FROSTBURG FROSTBURG VEARS d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) YES NO TY 4 DATE 3 NAME OF First Middle Last Day DECEASED (Type or print) JULIA TACCINO DEATH AGE (n years IF UNDER 24 HRS SEX IF LNDER 6 COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH **NEVER MARRIED** remove last birthdoy) Manths Days Haurs WIDOWED DIVORCED THE WAY OF D 100 USUA, OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? during most of work no file, even if retired) **INDUSTRY** SPEZZANO COSANZO HOME 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, SAMUEL GIVIGLIANO KNOWN WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes_na, ar unknown) (If yes give war or dates at service NONE CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) **10 NOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Nic ARTERIOSCLERAICHEART DISEASE Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse the prior ta has been last. 9 WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? Health 1 NO K this certificate 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH etached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Manth, Day, Year Hour a.m. factory, street, office bldg , etc.) Not While at wark TO FUNERAL DIRECTOR: After at wark 1967, ta 10129, 1969, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram_ director, page 3 should should be filed with the 19 67, and that death accurred at saw the deceased alive an 101 M. fram causes and an the date stated above. 22a SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 67 23g BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) (County) REMOVAL (Specify) 25b. REGISTRAR 5 SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR VR A15 (4) 1967

1.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13236 CERTIFICATE OF DEATH within 24 hours ofter deoth. I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission), c. COUNTY b. COUNTY q STATE ALLEGANY MARYLAND b CITY OR TOWN (If outside corporate limits. C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest tawn) 26 DAYS **ALEXANDRIA** CUMBERLAND filled in e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS SACRED HEART HOSPITAL 2327 DUKE ST., APT, E33 YES NO X 3 NAME OF First DATE Month Lost Day Year DECEASED **JANET** H. **TEDDER** OCTOBER 19 67 (Type or print) DEATH corrected IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years IF JNDER NEVER MARRIED last burthday) Months Days Hours WHITE 5-26-38 FEMALE WIDOWED DIVORCED 11 BIRTHPLACE (County & Stote, or foreign country) O 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT requires that the death certificate be COUNTRY? CUMBERLAND, MD., ALLEGANY 14. MOTHER'S MAIDEN NAME MADGE LIGHT 13 FATHER'S NAME STANLEY HANNA WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (If yes give war ar dates of service) 234 58 1501 HOSP, RECORD CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) NTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH NEPHRITIS IMMEDIATE CAUSE (a) DUE TO ERYTHEMMTOSIS Conditions, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying couse hos been Health priar 19 WAS AUTOPS PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CATION NO this certificote 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, (City or town) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (Caunty) (State) Hour om. factory, street, office bldg, etc.) Not While at work TO FUNERAL DIRECTOR: After 19 67, to 10 - d 21. I certify that (I) (this hospital) ottended the deceosed fram_ 10 - 4 19 67, and that death occurred at 830 AM, from causes and an the date stated obove. saw the deceased alive on___ 220 SIGNATURE 22b DATE SIGNED MED DIRECTOR 10-5-67 M.D. director, page should be filed 22d ADDRESS 22c PHYSiCIAN'S TO HOSPITAL Ghick 126 N. SMA 14 WOOD ST NAME (Type) L. MICHAEL 23a BURIAL, CREMATION. 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d location (city or lawp) westernport Md. (County) (State) Bi REMOVAL (Specify) Philos Cem. ADDRESS 24 FUNERAL DIRECTORA 2So REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 III CHURCH ST.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13237 CERTIFICATE OF DEATH mappines that the deoth contribicate be exacuted within 24 hours ofter anoth the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) 5.3 o. COUNTY **L COTINTY ALLEGANY** MARYLAND MARYLAND ALLEGANY b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give negrest tawn) DULS CUMBERLAND 14 DAYS CUMBERLAND. 5 pers. 72 hg d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? SAC RED HEART HOSPITAL 654 NATIONAL HIGHWAY YES NO X completely france carbon view 3. NAME OF First Middle DATE Menth Year DECEASED (Type or pont) TEPPER OCTOBER **FRANCESCA** 19 67 DEATH S. SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** remove iast birthday) Manths in any WIDOWED DIVORCED 03-28-03 WHITE FEMALE 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY U. S. A. physician c during most of working life, even if retired)
HOUSEW IFE INDUSTRY PHILADELPHIA. PENNA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, MALCO DUFRESNE JAMES E. HANNA 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) [(If yes give war ar dates of service HOSP. RECORD 18. CAUSE OF DEATH (Enter only one cause per signed by the buriol-transit p PART 1. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o DUE TO burial, Conditions, if only, which gave nse ta immediate cause (a). DUE TO stating the underlying couse peen the r to last. prior OS PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 149 WAS AUTOPSY PERFORMED? hos alth CERTIFICATI NO 20d ACC DENT WAS UNDERLYING [20b DESCRIBE HOSV INJURY OCCURRED (Enter-nature of injury in Part . of Port II of item 18.) OR CONTRIBUTING CI CAUSE OF DEATH etoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour am. factory street, affice bldg, etc OR ATTENDING After at work of work 1967____ to_10-5 21. I certify that (I) (this haspital) attended the deceosed fram 9-12 1967 . that (I) (we) last 19.67, and that death accurred of 7:30PM, from couses and on the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v M.D. 22c. PHYSICIAN'S TO HOSPITAL A. J. MIRKIN NAME (Type) 23a BJRIAL, CREMATION 23b. DATE THEREO NAME DE CEMETERY OR CREMATORY (Stote) MOVAL (Specify) VR A15 (4) 25M 1/67 FREDERICK ST. CUMBERLAND, MD, 21502

10 _ 77 5 1, ., TO MALLE ? . "

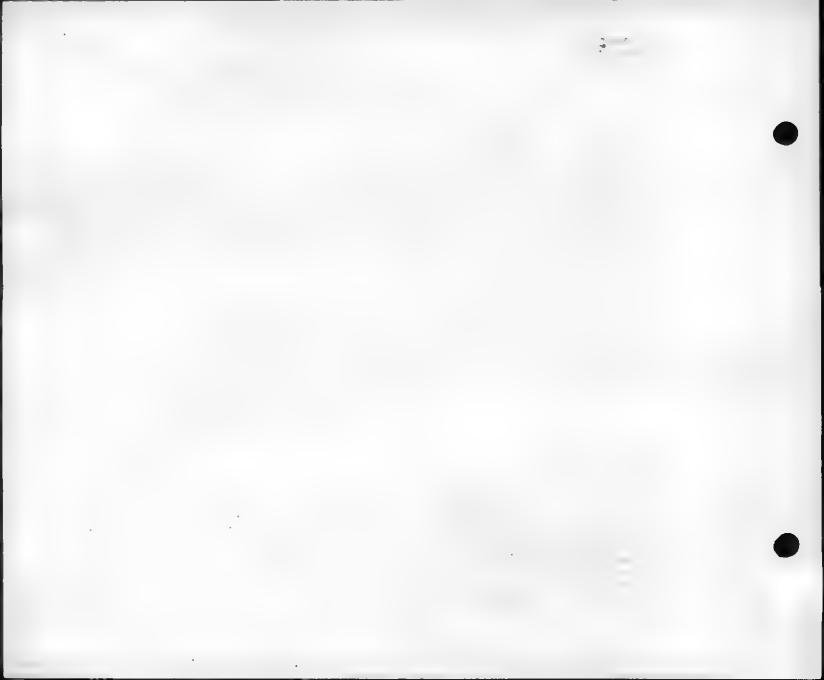
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

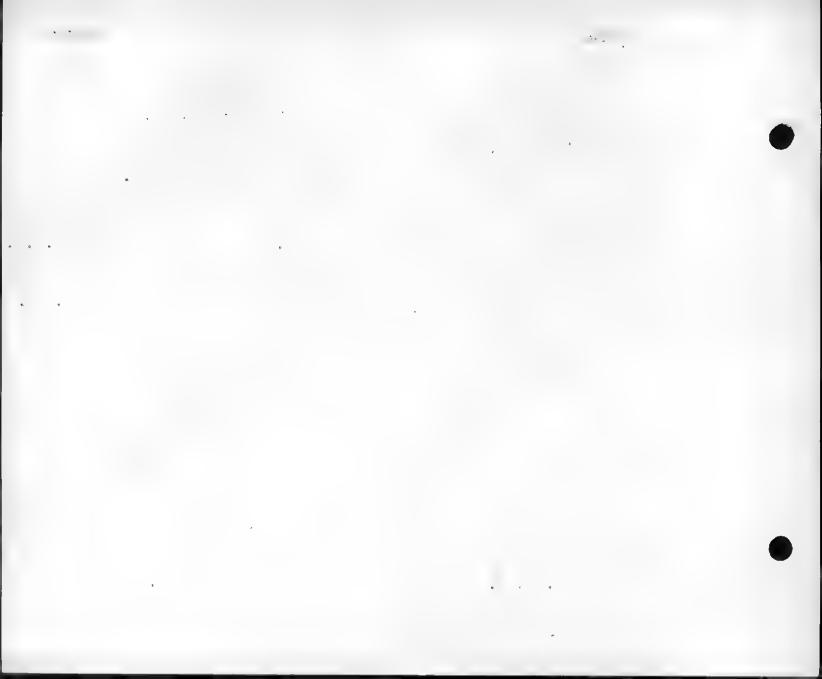
Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1-and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND												
	13538	N OF STATISTIC	AL RESE	CERTIFIC				STRI	EET, BALTIME	,	132	_
1.	PLACE OF DEATH	433		OLIVIII IO				E (Where	depeased lived, If in			
	a. COUNTY	Allegany		MARYLA	MD	a. STA	TE MAI	chrai	na b. cou	MIAFTTe	gan	7
	b. CITY OR TOW write RURAL	N (if outside corpora and give nearest tow	te limits, in)	46 yrs.	N 1b	c. CITY OR Larke		outside (corporate limits, w	rite RURAL	and giv	e nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 89 Mullen Ave.							ADDRESS Fullen					IS RESIDENCE ON A FARM?
3.	NAME OF	Fi	rst	Middle		Last	1	4. DA1	re Mon	th	Day	Year
	(Type or print)	Manuel		_{zuiros}	1	luyra		DF	ATH Oct.	15		19 67
	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF			9. AGE (In years last birthday)	IF UNDER	1 YEAR	FUNDER 24 HRS. Hours Min.
	Male	white	WIDOWED			an.1,1			yrs.			
dur	Ing most of work Merchai	IDN (Give kind of work ing life, even if retire 11		NDUSTRY		Spain	IPLACE (Co	anty & St	ate, or foreign counti	υς/ υς/	TIZEN C DUNTRY	P WHAI
	FATHER'S NAM				-		ER'S MAIDE	N NAME			· · · · · · · · · · · · · · · · · · ·	
		Alvaro Qui	ros			Car	men T	IVa.				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYND. 17. INFORMANT Address											
	(Yes, no, or unknown) (If yes give war or dates of service) 214 32 3048 Gloria Tuya Dunn Ress - Mich											
-1	1 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1											
	PART I. DE	ATH WAS CAUSED BY	www.	ocardial	inf	arcti	on				1.5	and death hrs.
DUE TO												
	conditions, If any, which \ 6 Secuilla of operation for cholelithiasis, 4 mos.											
	gave rise to immediate cause (a), stating the DUE TO											
_	underlying caus		(c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 2Da. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)							N PART 1(a)	19. YE	PERFORMED?			
							.)					
MEDICAL		INJURY Month, Day,			e. PLA	CE DF INJUR	Y (Home, far	m, 20f	. (City or town)	(Cou	inty)	(State)
MED	Hour a.r p.r		While at wor		Idelo	1), attect, on	100 DI U.S., C.L.	.,				
21. I certify that (I) (this hospital) attended the deceased from Sept 5 , 19 67, to 10/15 , 19 67, that (I) (we saw the deceased alive on Oct. 15 19 67, and that death occurred at 3 3 Op from the causes and on the date stated 22a. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED												
							NG M	ED.	STAFF -	. /	ALE SIG	// 3
	22c. PHYSICIA	us / c	Creeker		M.D). PHYS. 22d, Al	DDRESS D	_		-	6/	(9)
	NAME (T)	pe) James Wo	lverto	n Sr. M.J.			en St.	. Pi	edmont, W.	Va.		
238	BURIAL, CREM	ATION, 23b, DATE (2016y) 10/18/6	THEREDF	St. Peter	ETERY	OR CREMAT	ORY	23d.	LOCATION (City,	town or co	unty)	(State)
24. FUNERAL DIRECTOR Wester ADDRESS t, Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE												
6	2.72	2					DATI O C	T 18	1967	Cleany	Can J	udge.







, T . T ? -- HOM ا الا الديد · . S. (\ - \2-<1.

TO FULLIRAL DIRECTOR: After this certificate has been signed by the attending physic...In and carefully the din by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remark farham popers. Pages 1 and 2 shauld be filed with the State Dept of Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

13244

CERTIFICATE O	0/0	DIVISION OF	TIME RECORDS,	301 11.	L KESTON	3
CENTITICALE (242		(CERTIF	ICATE	0

1 PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)								
o. COUNTY ALLEGANY MARYLAND	o. STATE MARYLAND 6 COUNTY ALLEGANY								
b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16	c CITY OR TOWN (If autside corporate I mits, write RURAL and give nearest town)								
write RURAL and give nearest town) CUMBERLAND 2 DAYS 5HR	. CUMBERLAND (RURAL)								
d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d STREET ADDRESS e is residence								
MEMORIAL HOSPITAL	RT. #2, DEHAVEN ROAD YES NO YES								
3 NAME OF First Middle DECEASED	Last 4. DATE Month Day Year								
(Type or print) CHARLES N. WILI	KINSON OF DEATH OCTOBER 2, 1967								
S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (in years IF UNDER YEAR IF UNDER 24 HRS.								
MALE WHITE WIDOWED DIVORCED	8-22-1898 last birthday) Manths Days Hours Min								
10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT								
during mast of working life, even if retired) OWNER LIQUOR STORE	CUMBERLAND, MARYLAND COUNTRY? USA								
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
CHARLES N. WILKINSON	CLARA HERE BREDING								
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Address								
(Yes, na, ar unknown) (If yes give war or dates of service)	MEMORIAL HOSPITAL CUMBERLAND. MD.								
18. CAUSE OF DEATH (Enter only one couse per line-leg (o), (b), and (c))	1 INTERVAL BETWEEN								
PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	Discorrhand ONSET AND DEATH								
4 + 3 V DUE TO 97	Joaq j								
Conditions, if ony, which gove) (b) Supplements of Merces Allers of									
rise to immediate cause (a), stoting the underlying cause									
lost (c)	Jarden Jaseuly diseaso								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY								
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH	PERFORMED?								
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part 1 or Part II of Item 18.)								
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, , , , , , , , , , , , , , , , , , , ,								
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLA	CE OF INJURY (Hame, farm, 20f (City or lown) (Caunty) (State)								
Hour a.m. While Not While fact	ary, street, affice bldg., etc.)								
21. I certify that (1) (this haspital) attended the deceased from	7-29-, 1967, to 10-2-1967 that (1) (we) last								
	t death accurred at 4:25M, Marakbuses and an the date stated above.								
220. SIGNATURE 200	22b. DATE SIGNED								
I That I Williams	ATTENDING DIRECTOR DIFFERENCE DI 1012167								
22c. PHYSICIAN'S	22d ADDRESS								
NAME (Type) DR. W. F. WILLIAMS	CUMBERLAND, MARYLAND								
230 BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town) (County) (Stote)								
REMOVAL (Specify) Burial Oct. 5, 1967 Sunset Memor	ial Park Cumberland Allegany Md.								
24. FUNERAL DIRECTOR ADDRESS	250 REC'D BY REGISTRAR 25h REGISTRAR S SIGNATURE								
H. Lee Silcox 404 Decatur St. Cumb. M	de OCT 5 ISON Juntos Jung								





13246

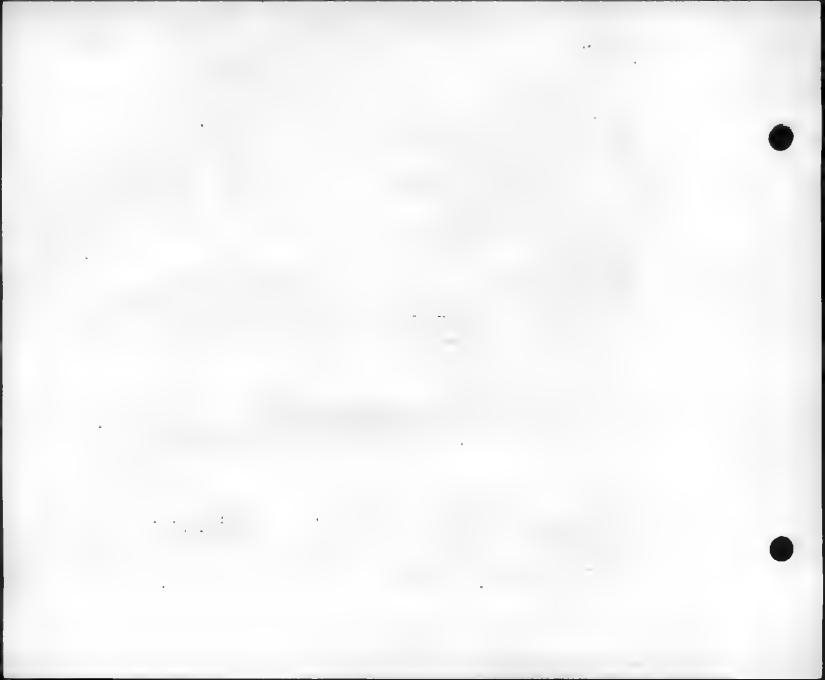
13244

CERTIFICATE OF DEATH

- 71							7_				
	1	PLACE OF DEATH COUNTY ALI	EGANY		MARYL	AND	2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) a STATE MARYLAND b COUNTY ALLEGANY				
	b CITY OR TOWN (If outside corporate limits, write RURAL PUBLIC PROTECTION ()				6 LENGTH OF STAY IN 16 B DAYS		c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) FROSTBURG				
,	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street a MEMORIAL HOSPITAL						d. STREET ADDRESS RT BOX 151 A e IS RESIDENCE ON A FARM? YES NO				
		NAME OF DECEASED (Type or print)	ARCHI		Middle EARL		WINTERS OF OCTOBER 5 67				
	5	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED		8 DATE OF BIRTH 9. AGE (In years FUNDER I YEAR IF JNDER 24 HRS				
	_	MALE	WHITE	WIDOWED	DIVORCED		4-16-1898 last burthday) Months Doys Hours Min				
		ing mast of working	(Give kind af wark done life, even if retired)		ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (County & Stote, or fareign country) CARLOS, MD. 12 C17 ZEN OF WHAT COUNTRY?				
		FATHRANM'S					14 MOTHER'S MAIDEN NAME				
		WILLIA	M WINTER				ELIZABETH DENSMORE				
	TS (Ye	WAS DECEASED EVE is, na, ar unknawn) NO	R IN U.S ARMED FORCES? (If yes give war ar dates a	f service)	50CIAL SECURITY NO +-01-6732		MEMORIAL HOSPITAL, CUMBERLAND, MD.				
			ATH (Enter on y one cou H WAS CAUSED BY: IMMEDIATE CAUSE	se per line far	(a), (b), and (c))	t lo	ower bronchus Interval Between ONSET AND DEATH				
		Canditions, if any,	DUE which mayor >	ТО							
		rise to immediat stating the under lost.	e couse (a), lying cause DUE								
	22			(c) Ontributing t	O DEATH BUT NOT RELA	LD-TO-	THE TEMPORAL SONDITION GIVEN IN PART 1(a) erosis. 19 WAS AUTOPSY PERFORMED?				
2	ATIO				- 4/		is, Uremia, Coronary Arterioscl- YES NO X				
	CERTIFICATION	2Do ACCIDENT WAS OR CONTRIBUTING		(Enter nature of injury in Part i ar Part II af item 18.)							
	MED CAL	20c TIME OF INJU	16	2Dd IN While at wark	Nat While		ACE OF INJURY (Hame, farm, 2Df. (City or tawn) (Caunty) (State) tary, street, office bldg , etc.)				
21. I certify that (I) (this haspital) attended the deceased fram Aug. 30. 1075:26 P. M. 10/5967, to saw the deceased glive an 10/5/67 19 , and that death accurred at 5/25 M. Went causes and an the day											
		220 SIGNATURE.	James Ja	riobs	~~	M.C	D ATTENDING MED STAFF 10/7/67				
D		22c PHYSICIAN'S NAME (Type)	SAMUEL	M. JA	ACOBSON		CUMBERLAND, MD.				
1	230	BURIAL, CREMATIC REMOVAL (Specify		REOF	23c NAME OF CEMET	ERY OR					
	124	BURLAT,	M GOVERS	,1967 HARE	R-SOWERS	G M	MEM PARK FROSTRURG MARYTAND 250. RECD BY REGISTRAR 2256 REGISTRAR'S SIGNATURE				
	Y	San Duri	M. Loures H	OME 6	O W. MAIN.	FRO	NERAL OCT 9 1967. Illiantes July				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove/corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter deather. Poge 4 may be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13245

CERTIFICATE OF DEATH

13247

r death.	M		PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Allegany
after he fur ges 1 after			Allegany MARYLAND 5. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)
urs after y the f pages urs afte			write_RURAL and give_nearest_town) Cumberland 8/1/1967	
hours by the rs. Page		_	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	Frostburg, Maryland
	7	(ON A FARM?
Poppe 22	70		ALLEGANY COUNTY INFIRMARY	
		-	NAME OF First Middle DECEASED (Type or print) Martha Wi	tchell 4. DATE Month Day Year Of DEATH October 1, 1967
cample ave car		5. 5		8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
			Female White WIDOWEDKE DIVORCED	11/14/1886 80 birthday) Manths Days Haurs Min.
and rem		10a.	USUAL OCCUPATION (Give kind of work done 10h, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
death certificate be thending physician ar mit. Then please r , ar remaval, and in		GBIS	ng mast af warking life, even if retired) Housewife Own Home	Maryland U.S.A.
ifico al,		13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
th certiff ling phy Then remava			Mr. Henry Filer	Martha Green
e death ce attending p permit. The on, ar remo			WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 17. Sp. og ar unknown) (If yes give war ar dates af service)	INFORMANT P.O. Box 599 Cumberland, Md.
attendi permit. an, ar r			N.A. N.A. NONE ALL	EGANY COUNTY INFIRMARY Records.
는 하는			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSEY AND DEATH
that in. by # ransi			IMMEDIATE CAUSE (a)	mae manifectury 2004s.
sicio sicio led lol-fr			Canditians, if any, which gave) DUE TO Che A.S. M.	4.D. man same
phy sign buri			rise ta immediate cause (a),	
w re ding een the r ta			stating the underlying cause (c) Certario-	- Selevosis many years
tendir		7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 192 WAS AUTOPSY PERFORMED?
두 5 후 5 분	2	ATIO	Saule dan autias.	AEZ WO IN
for for fire		CERTIFICATION	20g. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING ☐ CAUSE OF DEATH	. (Enter nature of injury in Part I or Part II of item 18.)
PHYSIC ne haspi this certi etached Dept. a			(IF EITHER, NOTIFY MEDICAL EXAMINER)	
PH his h his effect of the ph		MEDICAL	Hour a.m. White Mot White fo	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.) (City ar town) (Caunty) (State)
ING ter ter tote		2.	p.m. 19 at wark at wark	
ed bed bed bed bed bed bed bed bed bed b			21. I certify that (I) (this haspital) attended the deceased frame	of death occurred atM, fram causes and an the date stated abave
The Rest			saw the deceased alive an 10/1/196719, and the	1: 12 P.M. OST 22b. DATE SIGNED
OR ATTEN be retained DIRECTOR: ge 3 shauld led with the			of a Diale	A.D. ATTENDING KI MED. NED. STAFF KI 10 / 2 / 1967
	,		22c. PHYSICIAN'S	22d. ADDRESS
SPITAL 4 may 4ERAL for, page	1/0		NAME (Type) Dr. John Topper	Mancorial Hospital Comperficial Tod
O HOSPITAL Page 4 may O FUNERAL director, pag shauld be fi	V	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	R CREMATORY 23d. (COCATION (City or Town) (County) (State)
5 5 P P	12	I	Burial Oct. 4, 1967 Frostburg N	Mem. Park Frostburg Allegany Md.
VR A15 (4)	N	M24	Further Direction. Sowers Hafer - Sawers Fur	dem. Park Frosthurg Allegany, Md. 250. RECID BY REGISTRAR 1967 25b. RECISTRAR'S SIGNATURE 1967 25b. RECISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13246 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY delay is Allegany Maryland MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) 2, ond write RURAL and give nearest town) 9 years Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS Memorial Hospital -- DOA in Item 18. Give Pages Route 4. Oldtown Road pages 1 and 2 with the Stat icate, writing the word "pending" in pencil in Item 18. Give Pag be forworded to the Chief Medicol Exominer's Office along with NAME OF First Middle DATE Last DECEASED Linda Jean Woods Oct. (Type or print) DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED TO last birthdoy) Nov. 28,1957 white in ony event within 72 hours ofter death female WIDOWED DIVORCED 10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or toreign country) 10b. KIND OF BUSINESS OR Elementery School Cumberland, Md. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles C. Woods Eleanor Whitaker permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknown) I(If yes give war or dates af service none 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: burial-transit Fractured Cervical Vertebrae IMMEDIATE CAUSE (a) certificate should be writing the word." MINTA Crushed Chest Canditions, if any, which gove ! rise to immediate cause (a), DUE TO certificate D. stating the underlying couse (Ran into side of Automobile) 3 should be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) or removol, execute the certificate, 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING 4 should **EXAMINER:** Ran into side of moving vehicle CAUSE OF DEATH. buriol, cremation, 20d. INJURY OCCURRED a 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Manth, Day, Year P.m. Oct. 16 167 moy be retained for your FUNERAL DIRECTOR: Page funeral director. Page deoth resulted from: Notural couses, , Accident , Suicide , Homicide 5 may be retaine TO FUNERAL DIRE Health prior to b CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

the

VR A15ME (5)

Mother Mrs. Eleanor Woods, Rt.4, Cumberland, Md. INTERVAL BETWEEN ONSET AND DEATH Minutes 19. WAS AUTOPSY PERFORMED? NO X while at work I Rt. 51 0.2 miles East Cumberland All. Md. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection ond in my opinion Undetermined monner 22. DATE SIGNED DEPUTY MEDICAL EXAMINER XX October 16, 1967 BENEDICT SKITARELIC. M.D. Address (Street, city, town, or coucumberland, Marylan NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. (County) Davis Memorial Cemetery Cumberland Md Allegany
ADDRESS | 250. REGISTRAR | 25b. REGISTRAR'S SIGNATURE Oct.19,1967 24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md. DCT 20

Allegany

Day

12. CITIZEN OF WHAT

IF UNDER

B. IS RESIDENCE ON A FARM?

YES NO

Year

1967

IF UNDER 24 HRS

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